Youth Hunter Application

Special Youth Challenge Ministries of Iowa
PO Box 7876 Spencer, Iowa 51301

Name:_____Age:_____D.O.B._____

Address:_____

City:_____State:_____Zip:_____

Phone:_____

Email Address:_____

Please consider my application for participation in a Special Youth Challenge Event. I understand that this hunt is for youth who are physically challenged or who have (or have had) a life threatening injury or illness. I feel that I am eligible because: (Optional)

_____

_____

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_____

Today's Date:_____

Signed: *(Applicant)*_____

Signed: *(Parent/Guardian)*_____