

Safari Club International State Hunter Apprentice Program

33900 Doreka Dr. • Fraser, MI 48026 • (586) 585-5250

2010 Apprentice Application

August 13-15, 2010 • Echo Grove Camp • Leonard, MI



PLEASE PRINT LEGIBLY OR TYPE ALL THE APPLICANT'S INFORMATION:

Birth Date: ____/____/____ Male Female

All applicants must be at least **11 years of age** as of the date of the program.

Full Name: _____ E-mail Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian name(s): _____

Phone Number: Day: _____ - _____ - _____ Evening: _____ - _____ - _____

Emergency Contact Name: _____ Phone No.: _____ - _____ - _____

Has the applicant attended the SCI- SHAP Program before? Yes No

Does applicant currently hold a MDNR Hunter Safety or IBEP Bowhunter Ed certificate? Yes No

T-shirt size (adult sizes): S M L XL XXL

Nickname for Name Tags (i.e., *Bob* instead of *Robert*, etc.): _____

List any desired roommates (4 per room) _____

List allergies or physical/medical conditions, and all necessary medications: _____

Is parent or child a member of **Safari Club International**? Yes No

If yes, name of chapter: _____

In the event that your child should require emergency medical treatment we will attempt to contact you immediately. Your signature on this release will allow us to have your child treated by a doctor, if such an emergency should arise.

"I hereby give permission to have my child (named above) treated by a doctor in the event of an emergency."

Signature of Parent of Guardian

Date

Return completed form with Check or Money Order payable to "**Wildlife Education Foundation**" to:

SCI- SHAP, 33900 Doreka, Fraser, MI 48026

Applications must be returned by July 31, 2010 at the latest to allow time to process the applicant's information. Camp is limited to the first 60 applicants. The cost for SCI's SHAP camp is \$90 per child and includes all lodging, meals, camp T-shirts, course materials and handouts. If applicant is sponsored in whole, or in part, by a local chapter of SCI, please list below:

Sponsoring Chapter: _____ Sponsorship: Full Half Other: _____

Additional camp information will be forwarded to accepted applicants. If you have any questions, please contact Ralph Cagle at (586) 435-0307 [days], 435-0507 [fax] or e-mail to ralph@ameristeelonline.com.