

Safari Club International State Hunter Apprentice Program

32045 Dequindre Rd., Madison Heights, MI 48071 • (248) 583-4863

2018 Apprentice Application

August 10-12, 2018 • Echo Grove Camp • Leonard, MI



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

Birth Date: ____/____/____ Male Female

All applicants must be **11 to 15 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: _____

Should 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, 32045 Dequindre Rd., Madison Heights, MI 48071

Applications must be returned by August 3, 2018 to allow time to process the applicant's information. Camp is limited to the first 50 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 Colleen Easterbrook at (248) 583-4863 [days], 585-3045 [fax] or e-mail to ColleenE@eastlind.com