



# CHRISTIAN OUTDOOR MINISTRY

## EVENT PARTICIPANT APPLICATION FORM

Print and complete one form for each person attending event. Remember to bring a valid Hunting or fishing License and appropriate tags or stamps when required. *Also bring proof of hunter education. All dove hunters must also have the \$7 Texas Migratory Game Bird Endorsement license.*

For Office Use

CC: \_\_\_\_\_

EM: \_\_\_\_\_

**INSTRUCTIONS:** Complete this form and submit with event deposit, or full payment and mail/email form to [COM4youth@gmail.com](mailto:COM4youth@gmail.com).

*Each person attending must complete this form. Parent/Guardian please complete for your child. Please note that your spot is not reserved until deposit and application forms have been received by COM. All events are on a "first come first serve" basis; unless otherwise stated. We do offer waiting lists and will contact you should a spot that was filled becomes available.*

PLEASE SELECT ONE: Youth \_\_\_\_\_ Adult \_\_\_\_\_ COM VOLUNTEER \_\_\_\_\_

Name /Location & Date of Event: \_\_\_\_\_ Youth T-Shirt Size: \_\_\_\_\_

Name of Youth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

County \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Adult / Parent / Guardian \_\_\_\_\_ Cell phone: \_\_\_\_\_

Business phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Person to be contacted in case parent or guardian cannot be reached in an emergency:

Name \_\_\_\_\_ Phone number: \_\_\_\_\_

Hunting Experience (youth; include specific types of hunting and numbers of years): \_\_\_\_\_

Hunting Experience (parent, include specific details as well): \_\_\_\_\_

HEALTH HISTORY: Please describe any health issues that COM needs to be aware of: \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

**SPECIAL MEDICATIONS** are being sent with above-mentioned minor to meet his/her needs during the youth hunt. Please list name of drug(s) and/or medication along with name and phone number of prescribing physician, dosage, consumption rate and interval: \_\_\_\_\_

I \_\_\_\_\_ authorize this form to be retained at the COM office. Neither this form nor any information on it will be released to any persons or agency.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please complete this form and email to [jcrawford7com@gmail.com](mailto:jcrawford7com@gmail.com). **Preferred payment:** Please submit a check for your payment and mail to the address below: If paying by credit card, please go to: [www.christianoutdoorministry.org](http://www.christianoutdoorministry.org) and notify Danny Souder or Justin Crawford that you are paying with this method.

Dr. Danny Souder, President  
[dsouder3@gmail.com](mailto:dsouder3@gmail.com)  
214-394-5250

**CHRISTIAN OUTDOOR MINISTRY**  
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