Isabella County Sportsman's Club Hunter Safety Class

Student's Name: __
(please print) First Middle Initial Last

Male or Female (please circle one) Home zip code:_____

Date of Birth: _____ Phone Number: _____
month-day-year (ex: 10-17-1997) (please include area code)

Notes for the Hunter Safety staff: (ex: food allergy, medical issues, may need test read, etc.)_____

_____

_____

The student will: ___ eat the lunch we provide both days ($5) **OR** ____ bring their own lunch

Signature of Student (or parent if the student is a minor):_____

Parent's Name Printed (if the student is a minor):_____

- -

(For office use only) date paid:_____ cash or check initials:_____