



the Staurolite foundation

Thank you for your interest in the **Staurolite** foundation’s Mountain Top Safari project. Our outdoor activities for men and women wounded in military service are one of the three legs of our foundation. In order to participate in these outdoor activities, please complete the application below. We would like as much information as possible about you and your reasons for applying. We are a small fiercely independent private organization. Successful applicants do not have to be combat wounded, or have earned the purple heart; however, they must be wounded, injured, or disabled in military service to the USA.

Name: _____

Signature: _____

Referred by: _____

Mobile Phone: _____

Other Phone: _____

S ___ M ___ L ___ XL ___ XXL ___

Email: _____

S ___ M ___ L ___ XL ___ XXL ___

Mail Address: _____

City: _____

State: _____ Zip: _____

NMDGF Account Number _____

NMDGF Log In: _____

Password: _____

Hunter Information:

Jacket Size

Shirt Size

Hat/Cap Size _____

Pant Size Waist _____ Length-

Which Hand do you shoot with? Left ___ Right ___

NMDGF

EMERGENCY CONTACT

Name: _____

Relationship: _____

Staurolite foundation, PO Box 2016, Angel Fire, NM 87710
mike@staurolitefoundation.com 830-708-8160
jbrnum1@satx.rr.com 210-462-6420
www.staurolitefoundation.com

Mobile Phone: _____

Email: _____

MILITARY STATUS

Branch _____

Rank _____

Active _____ Reserve _____ National Guard _____ Retired _____

Discharge _____ Date of Discharge _____

Are you allowed to own a weapon? Yes _____ No _____

Have you hunted before? Yes _____ No _____ If so, what species? _____

Briefly describe your injuries: _____

Limitations, special conditions including food (Please be specific): _____

**please know this information will remain confidential and is solely to place applicants on the most appropriate hunt.*

Have you participated in a similar outdoor activity to the Staurolite foundation elk hunts? Yes _____
No _____

If yes, please list organization, type of activity, and dates.

ACTIVE DUTY ONLY (MUST HAVE DOCTOR SIGNATURE BELOW)

This is required to insure you have your Command approval and Doctor approval.

Doctor Name: _____ Doctor Phone: _____

Medical Release approval and authority _____ Date: _____

I, the attending physician, by signing release _____ for the activities involved in hunting, handling firearms, and associated outdoor activities. Limitations:

ACTIVE DUTY: Without the Doctor signature and release application will not be considered.

It is our desire to do everything possible to ensure you have a great experience during your time with us. If there is additional information you would like us to know, please include below.

PLEASE SCAN and email to Mike along with your:

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DD214 (*if you like you may black out your SS number*)

Bio and picture

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