

PLEASE READ BEFORE FILLING OUT THIS APPLICATION!!!



Thank you for taking the time to visit Lone Star Warriors Outdoors and fill out our application to participate in one of our hunts or outings. This application is for our information purposes only. Our goal is to get Combat wounded and injured vets back in the outdoors. You DO NOT have to have a purple heart to be a part of this program and we have opened this up to PTSD only, but please give detailed information on the application!

What we need from you is to fill out the information below and send it in along with a couple other pieces of information. Please see the checklist below to make sure you have all documents in order. Applying for this program does not mean that you will get a hunt, unfortunately we get getting more applications than we have hunts, but you do stand a good chance. You may be thinking "What are they looking for". There is no set answer for that. Some ranches prefer to have warriors that have never hunted or have limited experience, some just want Wounded Warriors. Just fill the application out to the best of your knowledge and send it in.

We will also need a short Bio from you. This Bio will be sent to the ranch that you will be going to in order for them to know who is coming. It will not be shared with the world, nor on the website. This will stay in house and be given only to the ranch that you will attend. We also need a couple of pictures, one or two in uniform and one as you look now so we know who we are looking for. Many times in the pictures we get you are in a helmet and not much of your face is showing, so a current picture helps us. PLEASE DO NOT SEND ANY PICTURES OF YOU RIGHT AFTER AN INJURY. We do not want to see blood.

Lastly PLEASE FILL OUT AS MUCH AS YOU CAN. The board makes selections, not everyone will get a hunt, so the more you fill out the better your chances are. **Look at this application as being like a job application.** We prefer that you send this application via email, so please scan all documents and send in one email. Partial emails will not be accepted.

LIST OF WHAT TO SEND

- Bio
- Picture
- Application
- DD-214/s and DD215 - with personal information marked out. If you have several DD-214's and have a DD215 correction, we need to see this. Please leave your name showing so we know this is you. It is unfortunate but guys have been claiming to be Wounded Warriors and are really not.

PLEASE EMAIL TO CHRIS@LONESTARWARRIORSOUTDOORS.COM

Lone Star Warriors Outdoors, P.O. Box 131103, Tyler, Texas 75713
903-253-5604 Phone, Fax 903-839-7928
Chris@LoneStarWarriorsOutdoors.com
www.LoneStarWarriorsOutdoors.com
Facebook Lone Star Warriors Outdoors



Sportsmen Saying Thanks

Thank you for your interest in Lone Star Warriors Outdoors, a Texas non-profit organization. We have many hunting and outdoor opportunities to offer you. To take advantage of these offers, please fill out the information below and send to us. We would like to get as much information about you as possible so **please fill out as much as you can in DETAIL.** If a question does not apply to you, please mark N/A so that we know. If you are a wounded warrior, resulting from tours in Gulf War, Afghanistan or Iraq, then this program is for you.

Submission Date: _____

Referred by: _____

Name _____ Signature: _____

DOB _____ Address _____

City _____ State _____ Zip _____

Home Phone _____

Cell number _____

E mail address _____

In case of an emergency

– please supply us with a family member’s info!

Alternate Contact: _____

Alternate Phone #: _____

Relationship: _____

Alternate e-mail: _____

Please indicate your military status. If deployed with Reserves or National Guard, please select one of those options.

Branch of military _____ Rank _____

Active Reserve National Guard

Discharged _____ Date of Discharge _____ Retired _____

Please check the type activity you are interested in:

WhiteTail Exotic Dove Duck Hog Off Shore Fishing Fresh Water Fishing ATV Riding

HUNTER INFORMATION

Shirt Size M

L

XL

2XL

3XL

Which Hand Do You Shoot With:

Circle Below

Right Hand Left Hand

Pants Size Waist: _____

Pants Size Length: _____

Boot Size _____

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Are you allowed to own and/or use a weapon: Yes No

Have you ever hunted before? Yes No If yes what have you hunted for?

Briefly describe injuries: **(Tell me about the events that led up to the injury and about the injury. More than one word.)**

Limitations, special conditions (Please be Specific):

Please list Awards you've received (Special Awards I.E Bronze Star):

Have you every participated in an outdoor adventure similar to Lone Star Warriors Outdoors? Yes No

If yes, please list organization and what organization and when you participated? (Please understand that we are checking this out. We have had many guys that say they have not, but yet they are all over the internet with their hunts. Be honest here please. This does not disqualify you at all.)

We want to do everything possible to ensure you have a great time during your time with us. If there is any information that we did not ask that you feel is important, please use the space below to let us know. We thank you for your time in filling this information out and we look forward to talking with you.

COMMENTS:

PLEASE ENSURE THAT ALL ITEMS ARE INCLUDED WITH THIS EMAIL. THIS IS JUST LIKE THE MILITARY, PARTIAL PACKETS WILL NOT BE ACCEPTED. WE ARE LOOKING FOR HONEST GUYS, SO PLEASE ENSURE THAT ALL INFORMATION ABOVE IS ACCURATE. THANK YOU FOR YOUR SERVICE AND WE LOOK FORWARD TO REVIEWING YOUR APPLICATION.

Please forward completed application with **photos, BIO and this signed application to:**

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ACTIVE DUTY ONLY (MUST HAVE DOCTOR SIGNATURE BELOW)

This is required to ensure that you have your commands approval and doctor approval to handle a weapon. If your command or WTU has a check list that also has a doctor's signature a copy of that can also be used.

By filling out this portion of the application you, the physician, are stating that the above warrior is mentally and physically able to participate in our hunt, with the limitations stated below.

IMPORTANT! – Doctor's name _____ Phone No. ____-____-_____

Medical Release Approval and Authority _____ Date: _____

I, the attending physician, by signing this application, release _____ for the activities involved in hunting and handling firearms as well as other outdoor activities. Limitations: _____

****ACTIVE DUTY: Without this doctor's signature, applications cannot be considered****