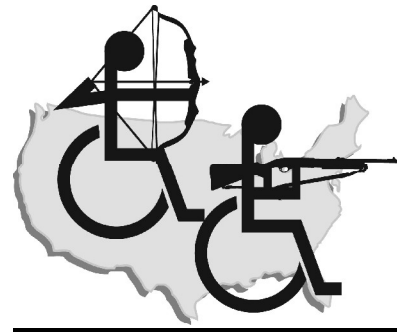


Return by to:
BADF Gun Mounts
10540 Daystar Dr.
Tuscaloosa, AL 35405



Application For Adaptive Gun Mount and Shooting Devices

Name _____ Phone (____) _____

Address _____

City _____ State _____ Zip _____

Age _____ Yrs of Hunting Experience _____ # of Deer Taken Since Disabled /Ill _____

Email Address _____ Are You a Disabled Veteran? _____

Describe disability in detail. _____

How did disability occur? _____

How long have you been disabled? _____ Type of Wheelchair: Electric Manual

What was YOUR individual gross income reported on last year's taxes? _____

Can you hold a rifle/shotgun and aim it with your hands and arms? Yes No

Can you operate a trigger without any modifications? Yes No

Are you currently shooting, if 'yes' explain how? Yes No _____

Do you have an idea of what equipment you need, and if so explain? _____

PLEASE CONTINUE ON NEXT PAGE

Adaptive Shooting Devices Application
Page 2

For Each Describe the function you have:

Left Hand and Fingers _____

Right Hand and Fingers _____

Left Arm and Shoulder _____

Right Arm and Shoulder _____

Can you tolerate the recoil of a high powered rifle or slug gun? _____ Yes _____ No

Please explain why you are seeking financial assistance with your adaptive equipment. _____

Please add any additional comments here. _____

Please enclose a PHOTO of applying shooter and mail to:

BADF Gun Mounts
10540 Daystar Drive
Tuscaloosa, AL 35405

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