Brugman Outfitting Service PO Box 525, Carlsbad NM 88220

Hunter Information Sheet

The following information will be used to purchase your licenses and help us plan your hunt. Please complete, sign and return.

Name (First, Middle, Last):				
Address:				
City/State/Zip:				
Home Phone:		Work Phone:	-	
Cell Phone:		Email Address	::	
Birth Date:	Height:	Weight:	Eyes:	Hair:
Last 4 Digits of SSN:	J	Hunter ED # (if unde	er 18):	
If you have applied for draw Identification Number(CIN)				
CIN#	User Name:	:	Password:	
your credit card is different t verification system used by t Billing Address of Credit Ca	he NM G&F is ext	remely picky.		
VISA or MC #:		Exp. Date:	3-Digit S	ecurity Code:
List all members of your h Group Contact: Group Members:				
In an emergency contact th	e following peop	le:		
Contact # 1:		P	Phone #(s):	
Contact # 2:				
Family Doctor:			hone #(s)·	

List Any Allergies (penicillin, insect bites, etc.):	
List Any Dietary Needs (food you can't or won't eat):	
Physical Fitness (Please circle: 1 = poor, 10 = triathlete): 1 2 3 4	5 6 7 8 9 10
Rate your shooting ability/confidence with the weapon(s) you'll be us	sing: 1 2 3 4 5 6 7 8 9 10
Please initial here if you wish to have your name/phone number used	in our reference list:
Please initial here if we may we use your field photos for our promoti site? (After your hunt please send us any photos you took that you wo	
By signing below you agree that all of the information contained with current.	nin this document is accurate and
Client/Hunter Da	ute

State any health problems that we should know about (illness, heart disease, joint problems, etc.):