



*The Tomah Branch of the*  
**North American Squirrel Association**

P.O. Box 173 Tomah, WI 54660  
tomahsquirrels@gmail.com

Disabled Deer Hunt

October 1-9, 2022  
Candidate Application Form  
(Due 7/31/2022)

Candidates name:

Parents of candidate (if under 18):

Candidate's phone #: ,

Cell #:

Candidate's e-mail address:

Address:

City: , State: , Zip:

Age: MM/DD/YYYY:

WDNR Class Permit: , WDNR Customer Number:

Attach copy of WDNR Disabled Class Permit.

Please describe your mobility & special needs:

(Please Note: All hunters are required to have an assistant accompany them when hunting). Do you need us to provide you with an assistant? : Yes/No :

Assistant Name: ,

Relation:

Are you in need of any assistance / medication in a 24-hour time period?

If so, please explain:

Have you taken a Hunter's Safety Course? If so, when / where? (required if born after January 1, 1973):

Number of years of hunting experience?

Type of game hunted?

What do you want to accomplish during this hunt?

We will be hosting hunts for opening weekend only, Oct 1 and 2 and second weekend Oct. 8 and 9. Ten hunters will participate at the Clifton location along with four hunters at the Warrens location. If more than 14 hunters sign up to hunt, we will use a point system to award hunts to interested hunters. Will this be the first time you participated in a nasa hunt? Yes or No.

When was the last time you participated in a nasa hunt?

When was the last time you harvested a whitetail deer?

Are you restricted from possessing or using firearms or weapons for any reason? If the answer is yes, provide a complete description of the restriction(s) and the reason for the restriction(s) below.

Have you been diagnosed with a mental illness? If the answer is yes, indicate (a) the nature of the illness, and (b) symptoms you experience from the illness below.

Have you ever been convicted of a fish or game violation? If the answer is yes then for each such conviction, indicate (a) the date(s) of conviction, (b) the nature of the violation, (c) the penalty imposed, (d) the circumstances involved, and (e) whether the conviction impacts your ability to hunt or possess or use weapons below.

I understand that Tomah North American Squirrel Association may do any or all of the following to determine my eligibility to participate in the Special Hunt, and I hereby consent to the same:

1. Investigate all statements contained in this application.
2. Conduct a criminal background check.

I certify that the answers and information given in this application are true and correct to the best of my knowledge. I agree that false or misleading information given in my application may disqualify me from consideration.

Participant's Signature

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Participant's Name (Please Print):

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Date Signed: \_\_\_\_\_

FOR PARTICIPANTS OF MINORITY AGE

(UNDER AGE 18 AT THE TIME OF PARTICIPATION) Parent/Guardian's Signature

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Parent/Guardian's Name (Please Print): \_\_\_\_\_

Date Signed: \_\_\_\_\_

Send application to: Nate Boehm, attn Disabled Deer Hunt Tomah NASA, 7281 Deuce Road, Tomah, WI 54660

Or email to: tomahsquirrels@gmail.com

Question call: (406) 871-9211