



Youth Hunter Application
Special Youth Challenge Ministries of Iowa
PO Box 7876 Spencer, Iowa 51301

Name: _____ Age: _____ D.O.B. _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email Address: _____

Please consider my application for participation in a Special Youth Challenge Event. I understand that this hunt is for youth who are physically challenged or who have (or have had) a life threatening injury or illness. I feel that I am eligible because: (Optional)

Today's Date: _____

Signed: *(Applicant)* _____

Signed: *(Parent/Guardian)* _____