

United Bowhunters of Pennsylvania Disabled Hunters Program Application

*denotes a required field

PERSONAL INFORMATION				
*Name _____	*Gender	Male _____	Female _____	*Age _____
*Street Address _____	*City _____	*State _____	*Zip _____	
Email _____	*Telephone _____			
Choose your income level:				
\$15,000 or less	\$15,000 - \$30,000	\$30,000 - \$45,000	\$45,000 - \$60,000	over \$60,000
*Number of Years Disabled: _____				
Describe your disability:				
*Do you utilize a wheelchair? Yes No				
*Can you be easily transferred into a 4WD for transporting? Yes No				
*Are you a US Veteran? Yes No				
HUNTING RELATED INFORMATION				
*Years of Hunting Experience _____				
*Are you a member of the United Bowhunters of PA? Yes No				
*Have you ever participated in one of our hunts? Yes No				
*What style of bow do you shoot? Traditional Compound Crossbow Don't Shoot a Bow				
*Number of deer taken since disabled _____ *Number of deer taken with bow since disabled _____				
*Do you have a Hunter/Trapper Safety Certificate? Yes No				
*Have you taken the Bowhunter Education Certificate? Yes No				
How did you hear about the UBP Disabled Hunters Program?				

Submit the completed application using one of the following options:

Email: ubpdhp@gmail.com

Mail to: DHP

470 W. Macada Rd

Bethlehem, PA 18017