

HORICON HUNT APPLICATION

Please print or type the following:

Name _____

First

Middle

Last

Address _____

City _____ State _____ Zip _____

Phone () _____ Birth Date _____

Hair Color _____ Eye Color _____

Weight _____ Height _____

Social Security Number _____ — _____ — _____

Signature _____

EMail _____

If you would like to room together with a buddy, please fill in their name _____

Please check type of room. Smoking _____ Non Smoking _____

NOTE: LAYOUT BLINDS MAY BE USED IF FIELDS DICTATE

Please print or type the following:

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Address _____

City _____ State _____ Zip _____

Phone () _____ Birth Date _____

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