



Youth Adventure Weekend Registration

Desired Weekend:

_____ August 28-30, 2009

_____ September 5-7, 2009

Date: _____

Birthdate: _____

Name: _____

Address: _____

Phone Number: _____

Email: _____

Parent/Guardian Name: _____

Address: _____

Phone Number: _____

Email: _____

If already acquired - Hunter Certificate #: _____ State valid: _____

Do you have any physical limitations? _____ If yes, please describe: _____

Do you have outdoor/hunting experience? _____ Please describe: _____



Return to your mentor: _____

Address: _____

FAX: _____

Or Mail or Fax to:
Elk Research Institute Youth Program
P.O. Box 3056, Durango, CO 81302
FAX: 970-884-5445