



**John Zgoda Memorial  
Sons of The American Legion  
Disabled Veteran Deer Hunt  
Application**



Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number : \_\_\_\_\_

Briefly Describe Physical/Medical Disability: \_\_\_\_\_

\_\_\_\_\_

Any Difficulties with outdoor temperatures: Yes \_\_\_\_\_ No \_\_\_\_\_

Describe any special needs, equipment, or assistance you would need: \_\_\_\_\_

\_\_\_\_\_

Any equipment needd for independence?

Wheelchair \_\_\_\_\_ Walker \_\_\_\_\_ Cane \_\_\_\_\_ Crutches \_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_

List medications taken: \_\_\_\_\_

Allergies: \_\_\_\_\_

Please list any other medical information concerning your health: \_\_\_\_\_

\_\_\_\_\_

Last year fired a weapon: \_\_\_\_\_ Previously participated in this hunt: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what year? \_\_\_\_\_

Branch of service: \_\_\_\_\_ Rank: \_\_\_\_\_ Years Served: \_\_\_\_\_

You must have your own transportation to Legionville. Space is limited. If chosen I will not participate in hunt at Ripley. I consent to the use of any and all photographs that I may be in for the use of the Sons of The American Legion. All applications will be placed in general lottery. Completed applications should be mailed to one of the following contacts:

Dave Vulcan  
42416 502<sup>nd</sup> Street  
North Mankato, MN 56003  
[dhvulcan@gmail.com](mailto:dhvulcan@gmail.com)

Chuck Stone  
1625 Crestview Lane  
Owatonna, MN 55060  
[castoney@hotmail.com](mailto:castoney@hotmail.com)

Dave Bilderback  
44092 2<sup>nd</sup> Ave NW  
Rochester, MN 55991  
[dbilderback@aol.com](mailto:dbilderback@aol.com)