

PARTICIPANT INFORMATION FORM



Name: _____

Today's Date: _____

Anticipated Trip Date: _____

Service/Rate/Rank:----- Retired/ Active-----

Combat Deployments:-----

Mailing Address-----

City: _____ State: _____ ZIP: _____

Email:----- Cell #:_____ Alternate#:-----

Closest Airport:-----

Please circle: MARRIED YES NO CHILDREN: YES NO

DOB: __/__/__ Age:__ __

Hair Color:_____ Eye Color: __ __

RIGHT LEFT Handed

Height:_____ Weight:-----

Shirt Size:-----

Physical Limitations:

Do you prefer/require ADA room? YES NO

Dietary Limitations:

(Please specify "none" if no limitations are present.)

Please list any accolades/awards received:

What is your fishing experience? (no experience, avid fisherman, salt water, fresh water, etc)

Can we share your bio and picture on the website? YES /NO

****Frogman Outdoors events are alcohol free****