

Special Dietary Considerations

Food Allergy(s) and/or Intolerances

Please check all that apply:

Peanut _____ • Wheat _____ • Gluten _____ • Dairy _____ • Shellfish _____

Soy _____ • Eggs _____ • Tree nuts _____

Other (please list): _____

Other Special Diet needs or restrictions (i.e., Diabetes, IBS, other): _____

HUNTER INFORMATION

Hunter Name: _____

Hunter Age: _____ • Sex: M or F • Birth Date: ____/____/____

City: _____ State: _____ Zip: _____

Phone (cell): _____ - _____ • (home): _____ - _____

Email: _____

Parent, Guardian or Emergency Contact: _____

Name: _____

Relationship to Hunter: _____

Phone (cell): _____ - _____ • (work): _____ - _____

(home): _____ - _____

Please mail or Fax the completed form to the address or Fax number below at least three weeks prior to the start of your hunt.

NB: Triple T Outfitting does not provide medical assistance or administer injections.

Triple T Outfitting

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