



# Outdoor Journey for Girls

## Registration Guidelines

1. The form below must be sent along with a check to cover the cost. The checks are to be made out to the IWINR (Iowa Women in Natural Resources)
2. **Cost - \$125.00 per participant.** No refunds to be made after **June 1** (due to materials, meals and lodging).
3. The program fills very quickly. Participants are taken on a first come first served basis.
4. A student **CAN NOT** attend this program if they have come in year's past -- we are trying to get as many different students through the program and exposed to the outdoors as possible.
5. The participants have to be between the ages of 12 and 15 during the program for Hunter Education.
6. This program is heavily supported by the local chapters of Pheasants Forever and they have been very willing in the past to sponsor local youth, if asked before registration. Please contact your local chapter.

**Please return this portion along with your check**

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**\*PLEASE PRINT CLEARLY**

Participant Full Legal Name

(First)\_\_\_\_\_ (Middle)\_\_\_\_\_ (Last)\_\_\_\_\_

Address\_\_\_\_\_ City\_\_\_\_\_

State\_\_\_\_\_ Zip Code\_\_\_\_\_ Age during the program\_\_\_\_ (must be 12 – 15)

Date of birth\_\_\_\_\_ T-shirt Size: \_\_\_\_\_

Social Security #\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ (required by the Iowa DNR for Hunter Education)

Do you have Hunter Ed already? Yes or No If Yes please provide a copy.

Phone # (\_\_\_\_) \_\_\_\_\_ E Mail\_\_\_\_\_

Special Needs\_\_\_\_\_

Food allergies, medication ect.

Parent Signature\_\_\_\_\_

Indicate the session you wish to attend: June 19-21 \_\_\_\_\_ July 9-11 \_\_\_\_\_ August 7-9 \_\_\_\_\_

**\*If the session you selected is full we will contact you to see if you would be able to move to the other session. July fills up quickly!**

## **Pheasants Forever Chapter Sponsorship Information (if applicable)**

Pheasant Forever Chapter\_\_\_\_\_

Contact Person\_\_\_\_\_ Email\_\_\_\_\_

Address\_\_\_\_\_ City\_\_\_\_\_ State\_\_\_\_\_ Zip Code\_\_\_\_\_

Phone #\_\_\_\_\_

**Please return to:**  
**IWINR, OJ Registration**  
**PO Box 8386**  
**Des Moines IA 50301**  
**(515) 205-8709**

