

SUPPORTING PARTNER APPLICATION

Please return completed form to:
Catch-A-Dream
c/o Dr. Marty Brunson
PO Box 6280
Mississippi State, MS 39762
OR Fax to 662-325-5870



NAME of operation, service, organization, or outfitter _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PRIMARY CONTACT PERSON _____

WORK PHONE _____ FAX _____

HOME PHONE _____ CELL PHONE _____

EMAIL _____ WEBSITE _____

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GENERAL INFORMATION

WHAT TYPE OF PROPERTY OR OPERATION DO YOU HAVE?

WHAT IS THE SPECIFIC LOCATION OF THIS PROPERTY OR FACILITY?

WHAT IS THE NEAREST CITY? _____

TYPES OF HUNTING OR FISHING OPPORTUNITIES YOU CAN PROVIDE:

DO YOU HAVE EXPERIENCE PROVIDING CHILDREN WITH LIFE-THREATENING ILLNESSES WITH HUNTING OR FISHING ADVENTURES?

Yes No

If yes, please describe _____

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ACCOMMODATIONS AND ACCESSIBILITY

ACCOMMODATIONS OR SERVICES PROVIDED:

Lodging Meals Local transportation

Fishing or hunting gear. Describe _____

Other _____

DO YOU HAVE LODGING AVAILABLE ON SITE?

Yes No If yes, please describe _____

If no, is lodging (commercial or private) available nearby? Yes No

Where? _____

HOW MANY GUESTS CAN YOU ACCOMMODATE? _____

CAN CHILD AND PARENTS SLEEP IN SAME ROOM OR IN CLOSE PROXIMITY? Yes No

IS THERE HANDICAP/WHEELCHAIR ACCESS AT LODGING? Yes No

IS THERE HANDICAP/WHEELCHAIR ACCESS TO HUNTING/FISHING AREAS? Yes No

ARE THERE ANY SPECIAL HUNTING/FISHING ACCOMMODATIONS FOR PHYSICALLY LIMITED CHILDREN (I.E. ENCLOSED/HEATED BLINDS, SPECIAL ACCESS TO HUNTING/FISHING AREAS)?

Yes No If yes, please describe _____

HOW FAR IS THE NEAREST HOSPITAL? _____ Miles _____ Hours _____ Minutes
AMBULANCE SERVICE? _____ Miles _____ Hours _____ Minutes

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SPECIFIC TRIP INFORMATION

WHICH OF THE FOLLOWING IS AVAILABLE AT YOUR FACILITY?

Skinning Caping or other taxidermy prep. On-site processing Local taxidermist

DO YOU HAVE A RELATIONSHIP WITH A LOCAL TAXIDERMIST WHO MIGHT ASSIST? Yes No

WILL SPECIAL ARRANGMENTS/APPLICATIONS ETC. BE REQUIRED FOR LICENSES, TAGS, PERMITS, ETC.?

Yes No

If yes, please describe _____

DO YOU REQUIRE A LIABILITY WAIVER FROM YOUR GUESTS? Yes No

(If yes, please provide a copy)

WHAT FEES OR SERVICES WILL CATCH-A-DREAM BE EXPECTED TO COVER ONCE CHILD, FAMILY, AND HOST ARE AT YOUR FACILITY?

WHAT SEASON OR SPECIFIC TIME FRAME IS THE OPPORTUNITY AVAILABLE?

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