

# Outfitter/Guide Application



Business Name \_\_\_\_\_ Date \_\_\_\_\_

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

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

State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Website \_\_\_\_\_

Please list the property you have available and the exact location.

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Please list the types of hunting or fishing that you can provide.

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Have you ever provided hunting or fishing adventures to children or young adults with a life-threatening illness? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain \_\_\_\_\_

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Accommodations or services provided: \_\_\_\_ Lodging \_\_\_\_ Meals \_\_\_\_ Transportation

\_\_\_\_ Fishing or Hunting Gear. Describe \_\_\_\_\_

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\_\_\_\_ Other \_\_\_\_\_

Is lodging provided on-site? \_\_\_\_ Yes \_\_\_\_ No

If yes, how many guests can you accommodate? \_\_\_\_\_

If no, please list other lodging facilities nearby \_\_\_\_\_

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If lodging is provided, can child and parent/legal guardian be in the same room or close together? \_\_\_\_ Yes \_\_\_\_ No

Is the lodging handicap/wheelchair accessible? \_\_\_\_ Yes \_\_\_\_ No

Is the hunting/fishing area handicap/wheelchair accessible? \_\_\_\_ Yes \_\_\_\_ No

Do you have enclosed/heated blinds to accommodate those with physical limitation?  Yes  No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Please check all that is available at your facility?

Skinning  Caping  Local Taxidermist  On-site Processing

Are there any arrangements or applications necessary to obtain tags, licenses or permits?

Yes  No

If yes, please explain \_\_\_\_\_

Do you require a liability release or waiver from guests?  Yes  No (if yes, please provide a copy)

Will Dream Pursuit be responsible for any fees or services once the participant, family/legal guardian and a Dream Pursuit employee arrive at your facility?

\_\_\_\_\_  
\_\_\_\_\_

What type of animal can be harvested at your facility? \_\_\_\_\_

Please detail the time of year that this opportunity is available \_\_\_\_\_

If the participant and family/legal guardian are required to fly, please list the airport closest to your facility \_\_\_\_\_

\_\_\_\_\_

How far is the airport from your facility? \_\_\_\_\_ Miles \_\_\_\_\_ Hours \_\_\_\_\_ Min.

Is this a commercial airport?  Yes  No

Do you provide transportation to and from your facility to the airport?  Yes  No

Do you offer any other types of activities other than hunting or fishing for family members of the participant during this Dream Pursuit adventure?

\_\_\_\_\_  
\_\_\_\_\_

Are there other types of activities or attractions in the surrounding area for the family members of the participant?  
(recreation, sightseeing, etc.)

\_\_\_\_\_  
\_\_\_\_\_

How long do you recommend the participant and family stay at your facility in order to fulfill their dream adventure?

\_\_\_\_\_

Please provide names, addresses and contact numbers of at least 3 previous clients or others that can provide an appraisal of your operation and services.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

\*\* Dream Pursuit Adventures are designed to provide a positive family atmosphere for everyone in attendance. With this in mind, Dream Pursuit would ask that you help us to monitor the use of alcohol on the property during the Dream Adventure. We also ask that you help us in making sure that appropriate language is also used during which time our participant and their family members are present. Thank you for your consideration.

**Please print and return completed form to:**

**Dream Pursuit, Inc.  
PO Box 888  
Dexter, MO 63841**

*Should you have any questions, please don't hesitate to email us at [dream@dreampursuit.org](mailto:dream@dreampursuit.org) or call 573.421.5580 and thank you for your willingness to partner with Dream Pursuit so that we can continue to make sure dreams are fulfilled. Without your kindness and compassion, this would not be possible!*

*Respectfully,*

*Rick Davis  
Founder/President*