

BBay has designed this Application Form to collect the minimum necessary information required to adequately assess the risks and suitability of an Applicant for BBL's facilities. All information supplied will be held in strict confidence, and used only for the purpose of assessing your application, and administering any resulting contract.

Type of Activities Desired	Hunt <small>Primary Purpose</small>	For <input type="checkbox"/> Whitetail Deer <input type="checkbox"/> Black bear <input type="checkbox"/> Wolf, coyote <input type="checkbox"/> Duck, Goose <input type="checkbox"/> Birds <input type="checkbox"/> Small Game <input type="checkbox"/> Other:							
		Using <input type="checkbox"/> Rifle <input type="checkbox"/> Shotgun <input type="checkbox"/> Black powder, Muzzleloader <input type="checkbox"/> Compound Bow <input type="checkbox"/> Cross Bow <input type="checkbox"/> Other:							
	Fish <small>2nd Purpose</small>	For <input type="checkbox"/> Bass (large mouth & small) <input type="checkbox"/> Crappie <input type="checkbox"/> Muskie <input type="checkbox"/> Perch <input type="checkbox"/> Pike <input type="checkbox"/> Salmon <input type="checkbox"/> Trout (brook & rainbow) <input type="checkbox"/> Trout, Lake <input type="checkbox"/> Walleye <input type="checkbox"/> Whitefish <input type="checkbox"/> Other:							
		Using <input type="checkbox"/> Downrigger trolling <input type="checkbox"/> Casting &/or trolling from boat <input type="checkbox"/> Shore fishing <input type="checkbox"/> Stream fishing in waders <input type="checkbox"/> Drift fishing from canoe <input type="checkbox"/> Fly fishing <input type="checkbox"/> Other:							
1a Applicant's Full Legal Name:							1b Date of Application:		
2 Street Address:									
3 City			4 Prov/State			5 Country		6 Postal Code:	
7 Home Phone:			8 Work Phone:			9 Fax:			
10 Cell Phone			11 e-mail:						
12a Emergency Contact Name:			12b Address			12c Phone			
In case of emergency, if I am incapable to consent or care for myself, I hereby authorize: <input type="checkbox"/> Nobody <input type="checkbox"/> BBL Staff <input type="checkbox"/> The above Emergency Contact <input type="checkbox"/> Either BBL or Emerg. Contact <input type="checkbox"/> Other Person: to act in my best interest and direct emergency medical treatment as required, acting as an attorney for personal care, and/or substitute decision maker.									
13a Applicant's Drivers License #		Prov	13b Applic. Vehicle	License #	Prov/State	Year	Make	<input type="checkbox"/> Own <input type="checkbox"/> Lease <input type="checkbox"/> Borrowed	
13c Other vehicles (ATV, boat, trailer, etc.) planned to be used:									
14 Date of Birth (MM/DD/YYYY):				15a How long have you been handling/shooting firearms?					
				15b How long have you been hunting?					
16a Where have you hunted before?					16b Why are you making this application to hunt with BBL , instead of returning to where you previously hunted?				
17 What are the different types of hunting that you have done?									
18a Do you have a current or expired hunting license: <input type="checkbox"/> No <input type="checkbox"/> Yes, My License # is: Please attach a photocopy of the front & back side of your license (not a game Tag). OR 18b Do you have a current or expired Ontario Outdoors card: <input type="checkbox"/> No <input type="checkbox"/> Yes, My Ontario Outdoors card # is: Please attach a photocopy of the front & back side of your Outdoors Card									
19 What fully describe the type of firearm & ammo will you be using for this hunt?									

20a. How did you learn proper and safe handling, storage, & use of firearms and ammunition? (Check all that apply): Self taught Learned from other, experienced firearms expert(s) Attended recognized hunter safety course, and passed written & practical examination Attended informal firearm safety course Other:

20b How did you learn to hunt safely? (Check all that apply): Self taught Learned from other, experienced hunter(s) Attended recognized hunter safety course, and passed written & practical examination Took informal hunter safety course Other:

21 Have you ever been charged or convicted with a fish &/or game act violation in Canada, or any other jurisdiction? No Yes If yes, please explain in detail:

22 Have you ever been charged or convicted with any offense directly or indirectly involving a weapon or firearm? No Yes If yes, please explain fully:

23 Have you ever been charged or convicted of a criminal offense? No Yes If yes, please explain fully:

24 Have you ever been directly or indirectly involved in a hunting accident, accidental shooting or injury, or a near miss? No Yes If yes, please explain fully:

25 Have you ever been restricted or prohibited from being in possession of a weapon or firearm, or being in an area where there were weapons or firearms present? No Yes If Yes, please explain fully:

26 Have you ever threatened a person with a firearm or other weapon, or pointed a firearm at somebody (directly at them or in their general direction) in fear, anger, as a joke, or otherwise? No Yes If Yes, please explain fully:

27 Have you ever had 1 or more of your firearms or other weapon confiscated or seized by the police, law enforcement agency, or other government official? No Yes If yes, please explain fully:

28 Have you ever been diagnosed, or recommended to receive treatment, or received treatment for one or more of the following conditions: severe depression, suicidal thoughts or actions, manic depression, drug or alcohol or chemical addiction or abuse, bipolar personality, hallucinations, psychotic episodes, schizophrenia, seizures, delusions, loss of consciousness, or other serious physical or mental ailment? No Yes If Yes, please explain fully:

29 Do you currently or sometimes take prescription medications, other medical treatments, or are currently under a physician's care? No Yes If yes, please explain:

30 Do you hold a currently valid Canadian Firearm Acquisition Certificate (FAC)? No Not Sure Yes, my FAC # is:
If you have a current, valid FAC, or an old expired one, please attach a copy of it to this application.

31 Have you registered all weapons you own or possess under the Canadian Firearms Registry (CFR)? No Not Sure Yes, my CFR # is:
If you have a current, valid CFR, or an old expired one, please attach a copy of it to this application

32 Have you made application and received a **Possession** License or a **Possession & Acquisition** License through the Canadian Firearms Registry?
 No Not sure Yes, I've applied but not yet received Yes, I have my license. My license # is:
If you have a current valid license, or an old expired license, please attach a copy of it to this application.

33. Are there any drug, allergies, foods (mandatory or prohibited), other dietary restrictions or requirements, likes, or dislikes that **BBL** needs to be aware of? No Yes
 If Yes, please explain:

34 Are you interested in adding some fishing to this hunting trip?: No Yes If **Yes**, do you want it: Before the hunt During the hunt After the hunt?
 If yes, what type of fishing trip (species, duration, cost, location, shore, boat, fly, troll, etc.)?

35 Please supply 3 references of other hunters whom you have hunted with in the past, and who know your hunting style (prefer persons other than those planning to attend this hunt camp with you). If no hunting references are available, then persons who have first hand knowledge of your handling/use of firearms & other weapons, or character references. Describe their relationship to you (friend, parent, brother, etc.), and the duration of this relationship.

Name	Street Address, City, Prov/State. P Code/ZIP	Phone (Day & Evening #)	What hunting have you done with this person? Their relationship to you (friend, brother, neighbor, etc.), and duration

36 Have you been diagnosed, know of, or suspect you may have any of the following: sensitivities, intolerances; or any other physical, medical, mental, spiritual, or other reason or condition that could affect: your ability to travel, foods or beverage requirements (required or restricted), being in unfamiliar surroundings with other adults, special equipment of facilities needed, entering & staying in wilderness areas, or hunting safely? No Yes If Yes, please explain fully:

37 I hereby request **BBL** to provide me with the following services:
 Ground transportation from London, Ont. to **BBL** Facilities, and return
 Ground transportation from Toronto, Ont. to **BBL** Facilities, and return
 Lodging at **BBL** Facilities during the hunting period
 Meals (cooked food and non-alcoholic beverages) at **BBL** Facilities during the hunting period
 Kitchen and dining facilities so that I can store, prepare, cook, and eat my own food
 Services of **BBL**'s Hunting Guide
 Other:
 Dates Requested to attend **BBL** Hunt Camp:

38 Other information you wish to provide to help in assessing your Application (continue on back or attach to Application):

In making this application, I understand that it must be submitted to **BBL** for their review and approval with the required deposit moneys and the signed Liability Waiver. If my application is accepted, said acceptance will be subject to, and conditional upon, my paying to **BBL** all installment payments on-time and in full, and my acceptance and signing of a Liability Waiver. I understand that if my application is rejected by **BBL**, I will promptly receive all of my deposit monies back, without deduction nor penalty. If my application is accepted by **BBL**, and I subsequently fail to proceed with the contract, or I breach one or more of the terms of the contract, I may forfeit all or part of the monies I have paid to **BBL**, as well as incur other liabilities.

Please review all your answers for correctness and completeness; read all parts, terms & conditions of this Application; and if everything is true, complete, and fully disclosed, and you are in full agreement, sign below:

Applicant's Signature	Date
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Please feel free to provide other information to assist **BBL** in deciding about your Application. Below, on the back, or attached to this Application.