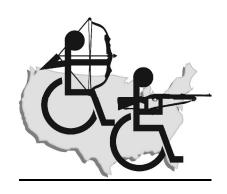
Return to: BADF Adaptive Equipment 3445 County Road 159
Bangs, Texas 76823 or email to lfhart99@gmail.com



Application For Adaptive Gun Mount and Shooting Devices

Disclosure: We have many applicants and limited funding. Applications will be reviewed and approved by fair judgment on needs of applicants.

_ State Zip		
	Age	_ Yrs of
ken Since Disabled /IIl	Email Addr	ess
You a Disabled Veteran?		
, 		
How di	d disability occu	ar?
Type of Wheelch	air:	
ported on last year s taxes?		
your hands and arms? Yes	No	
cations? Yes No		
ow? Yes No		
need, and if so explain		?
	you a Disabled Veteran?	Age ten Since Disabled /III Email Addr You a Disabled Veteran? , How did disability occur Type of Wheelchair: ported on last year s taxes? your hands and arms? Yes No cations? Yes No ow? Yes No

Adaptive Shooting Devices Application Page 2

For Each Describe the function you have:
Left Hand and Fingers
Right Hand and Fingers_
Left Arm and Shoulder
Right Arm and Shoulder
Can you tolerate the recoil of a high powered rifle or slug gun? Yes No
Please explain why you are seeking financial assistance with your adaptive equipment.
Please add any additional comments here.

Please enclose a PHOTO of applying shooter and mail to:

BADF Adaptive Equipment

3445 County Road 159

Bangs, Texas 76823 or email to Ifhart99@gmail.com

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