



## Application for 2018 - 2019 HSBF Handicap Stand

Applicant's Name \_\_\_\_\_ Application Date \_\_\_\_\_

501C Name (If application is for group use) \_\_\_\_\_

List All Phone Numbers \_\_\_\_\_

Parent's Names (if under 21) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County of Residence. \_\_\_\_\_ Age \_\_\_\_\_

Email \_\_\_\_\_

#of Deer or Other Large Game Taken in Lifetime \_\_\_\_\_

# taken since ill/disabled? \_\_\_\_\_

Yrs Hunting Experience \_\_\_\_\_

Describe illness/disability.

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**FILL OUT FORM COMPLETELY AND SEND BY EMAIL:**

**[customerservice@mylazymanstands.com](mailto:customerservice@mylazymanstands.com)**

**OR REGULAR MAIL TO THIS ADDRESS:**

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