

# Mini BOW

## Bucks and Does or Big Adventures with Small Game

Woodworth Environmental Education Facility  
(I-49 South of Alexandria, Woodworth Exit)  
August 2, 2014



### AGENDA:

August 1: Check-In 6pm-8pm (eat before you arrive)-overnight only, no program

August 2: 7am – 8am – Check in for participants arriving Saturday morning

8am – Introductions

8:30am – 11:30am – Bucks and Does Course (10 Participants)  
Big Adventures with Small Game (10 Participants)

12 noon – Lunch

1pm-4:30pm – Rifle Safety/Rifle Shooting Exercises (Bucks and Does Participants)  
Shotgun Safety/Shooting Exercises (Big Adventures with Small Game Participants)

**Bucks and Does-** Class will cover deer biology, senses, preferred habitat, locating deer sign, deer stands, management, hunting techniques, and gun /ammo selection. This class is a requirement to attend the Beyond BOW Deer Hunt, however you must meet the Beyond BOW qualifications to attend the hunt.

**Big Adventures with Small Game-** Participants will learn to identify different small game species Sportsman's Paradise has to offer. The course will cover laws, habitat needs, how to recognize sign, and various hunting techniques. Participants will also get to see hunting dogs in action.

Participants enrolled in the Bucks and Does Course will be eligible to apply for an upcoming Beyond BOW deer hunt provided that you meet the criteria of being a novice hunter that has not harvested more than two big game animals no matter the state, province or country.

Participants enrolled in the Small Game Hunting Course will be eligible to apply for upcoming Beyond BOW small game hunts provided you are a novice small game hunter.

Participants may check in on Friday night or prior to 8am on Saturday. For those staying overnight bring bedding and toiletry items. Come prepared for rain or shine.

**Application Deadline and Eligibility:** Application deadline is July 18, 2014. Women 18 years of age or older are eligible to participate. This course is intended for women who have little or no hunting experience. Successful applicants will be chosen by random drawing if the number of applications exceed the available openings. Successful applicants will be notified by phone the following week.

**Workshop Fee:** \$20 (payable upon acceptance of application – do not send money with application)

**Mini BOW Workshop Application**  
**Bucks and Does or Big Adventures with Small Game**  
**Woodworth Environmental Education Facility**  
**August 2, 2014**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Day Phone (\_\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_\_) \_\_\_\_\_

E-Mail address \_\_\_\_\_

Special Needs \_\_\_\_\_

If you have special dietary requirements (ex. Vegetarian) you may wish to bring something to supplement your diet.

**Check your first choice, if your first choice is full and want to be considered for the other course  
place a number 2 for your second choice.**

\_\_\_\_\_ Bucks and Does  
(Limit: 10 Participants)

\_\_\_\_\_ Small Game Hunting  
(Limit: 10 Participants)

**I will be arriving:** (check one)

\_\_\_\_\_ Friday Night

\_\_\_\_\_ Saturday Morning

A confirmation letter and a map to the facility will be sent upon your acceptance.

**Come prepared for rain or shine.**

Mail Application to:  
**La. Department of Wildlife & Fisheries**  
Attn: Chad Moore – Mini BOW  
9961 Hwy 80  
Minden, LA 71055

Cost: \$ 20.00 - payment due upon acceptance  
**(DO NOT SEND MONEY WITH APPLICATION)**

Application Deadline: July 18, 2014  
(Applicants will be randomly selected)

**Questions contact:** Dana Norsworthy (318) 345-3912, [dnorsworthy@wlf.la.gov](mailto:dnorsworthy@wlf.la.gov)  
Chad Moore (318) 371-3050, [cmoore@wlf.la.gov](mailto:cmoore@wlf.la.gov)

**In applying for this Mini BOW workshop, participants understand that by attending this program photographs may be taken during the workshop and may be used in future support of the program.**

**LIABILITY / MEDICAL RELEASE**

In consideration of the benefit received from my participation in the Mini BOW Program and associated activities I voluntarily and knowingly assume any risk associated therewith and waive my right to assert any claim against the State of Louisiana, or any of its Departments, Agencies, Boards and Commissions, as well as its officers, agents, servants, employees and volunteers for injury or damage to my person or property resulting from my participation in Mini BOW activities. I further release and hold harmless the State of Louisiana, all State Departments, Agencies, Boards and Commissions, as well as its officers, agents, servants, employees and volunteers, from any and all claims, demands, causes of action, expense and liability arising out of injury or death to my person as a result of my participation in the Mini BOW and associated activities.

I further understand and agree to abide by the general rules and conduct prescribed for guest of the LDWF and that violations may result in a denial of privileges, a forfeiture of all fees paid and immediate removal from the property.

I have read this release. I understand that it affects legal rights and responsibilities, and I hereby agree and consent to its terms and conditions and hereby waive any claims arising while residing and/or participating in programs of LDWF.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

**MEDICAL HISTORY QUESTIONNAIRE  
(MANDATORY)**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone:(\_\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

**ALL INFORMATION WILL BE CONFIDENTIAL**

The below information could be life saving if an accident or injury occurs. This questionnaire is VOLUNTARY.

Please List:

Current Medications:

\_\_\_\_\_

Allergies / Asthma (include medications):

\_\_\_\_\_

Circle if you are being treated for any of the following:

Diabetes

High Blood Pressure

Seizures

Heart / Lung / Kidney Disease

When was your last Tetanus Toxoid inoculation? \_\_\_\_\_

**THIS MEDICAL HISTORY QUESTIONNAIRE IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date