

## TRACKED WHEELCHAIR RESERVATION PROCESS

*Through a cooperative effort of the Northern Kettles Chapter of the National Wild Turkey Federation and American Legion Friedrichs-Mueller-Norgaard., WI Post 149 Sheboygan Falls, WI a tracked wheelchair is available for persons with mobility difficulties to use free of charge to enjoy outdoor activities as independently as possible.*

Reservations for the tracked wheelchair will be on a first-come, first-served basis.

**Tow Vehicle:** Minimum Class III hitch with 2” ball and capacity to handle a loaded trailer weight of 1,900 lbs. and tongue weight of 350 lbs.

**Condition Report:** When picking up and returning the chair, we will jointly review, document, and sign a chair & trailer condition report. This is similar to when you rent a car. The chair and trailer will need to be returned in the same or better condition as checked out.

**Safety and Operation Training:** You and your attendant (if applicable) will receive hands-on instruction at the time of pick up and become familiar with the applicable sections of the Action Trackchair Owner’s Manual. This will help insure you have a safe and trouble free experience. After training and answers to all your questions you or parent/guardian if under 18 will need to sign a liability waiver.

**Driver(s):** Will have to provide a valid driver’s license and proof of auto insurance at time of pickup. No more than 2 drivers please.

A Northern Kettles Chapter – NWTF member acting as a volunteer for American Legion Post 149 will contact you to let you know your specified time and finalize pick up and drop off instructions and location.

### Agreement to Terms

I have read, understand, and agree to the above:

- Yes (Complete Reservation Form on the next page and submit)
- No (If you have questions or concerns please send an e-mail to [nwtfrackwheelchair@gmail.com](mailto:nwtfrackwheelchair@gmail.com). Please include a phone number.)

If ‘Yes’ please complete Reservation Form on the next page or on-line ([link to website form](#))

**Initiative of:**



**Northern Kettles Chapter**

**In partnership with:**



**American Legion Post 149  
Sheboygan Falls, Wis.**

## RESERVATION FORM

Chair User Full Legal Name \_\_\_\_\_

If User Under Age 18, Complete Below:

Parent/Guardian Full Legal Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone# \_\_\_\_\_

Cell Phone # \_\_\_\_\_

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

Vehicle License # \_\_\_\_\_

User's Driver's License # or State ID # \_\_\_\_\_

User's Auto Insurance Carrier \_\_\_\_\_

Additional Driver's Legal Name (if applicable):

\_\_\_\_\_

Additional Driver's License # \_\_\_\_\_

Additional Drivers Insurance Carrier \_\_\_\_\_

Emergency Contact Phone # \_\_\_\_\_

Select from one of the following regarding joystick (control) requirements:

- I can only use my **right** hand and require the joystick on the right.
- I can only use my **left** hand and require the joystick on the left.
- I am right handed so prefer a joystick on the right but can use one on the left.
- I am left handed so prefer a joystick on the left but can use one on the right.

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Please specify the dates you would like to reserve the chair. We will do our best to accommodate pick-up and drop-off times but are dependent on volunteers.

Preferred Check Out Date:

MM DD YYYY

Preferred Check out Time:

- Morning (8-noon)
- Afternoon (1-5)
- Evening (6-8)
- Other:

Preferred Check In Date:

MM DD YYYY

Preferred Check In Time:

- Morning (8-noon)
- Afternoon (1-5)
- Evening (6-8)
- Other:

If you have any questions or concerns please enter them below along with your contact information and we will respond as quickly as possible.

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Mail to: Tracked Wheelchair Reservation  
C/o American Legion Post 149  
531 Madison Ave.  
Sheboygan Falls, WI 53085

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