

Firearms Training Course

Registration

Student's Name _____
First Initial Last

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Pager/cell phone _____

Email Address(Print clearly) _____

County you live in live in (ie.: Wayne, etc.) _____

***Driver's License# _____

Where or Who Did You Hear About the Course (Specific Location (incl. city) or Person's Name? _____

Today's Date _____ Date of Birth _____

Occupation _____

Highest level of education completed _____

Your signature below indicates that you are aware that the student lists above will participate in a firearms range experience as a part of the course of instruction offered; and further indicates your intention to release instructors of any liability in connection with this course of instruction.

Student's Signature _____