



FIREARMS SAFETY CLASS REGISTRATION FORM
PLEASE COMPLETE ALL INFORMATION BELOW

ALL INFORMATION SUBMITTED WILL BE KEPT CONFIDENTIAL

Preferred class date: _____

Deposit: _____

Name: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone numbers and best time to be reached:

Home: _____ Work: _____ Cell: _____

Time: _____ Time: _____ Time: _____

Email address: _____

Are you: Right handed Left handed

Do you wear: Glasses Contacts Do not need

Do you have any physical impairments that would make training more difficult: _____

If yes, please explain: _____

State your prior experience, if any, with firearms: _____

NRA member: Y/N NRA member #: _____

How did you hear about the class? NRA Website Sign Newspaper Other: _____

I AM AWARE I CAN BE EXPELLED FROM THIS COURSE, WITHOUT REFUND, FOR CONDUCT WHICH THE INSTRUCTOR OR STAFF FEELS ENDANGERS OR DISRUPTS THE CLASS. DEPOSITS ARE NOT REFUNDABLE IF CANCELLATION IS LESS THAN 5 DAYS PRIOR TO CLASS UNLESS THE SPOT IS FILLED OR IN THE EVENT OF A DOCUMENTED MEDICAL EMERGENCY.

Signature: _____