



Date of Class \_\_\_\_\_

Basic Pistol \_\_\_ 2n/d Eight \_\_\_ Full Sixteen \_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ (as on Drivers License)

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Email \_\_\_\_\_ NRA Member \_\_\_ Yes \_\_\_ No

Prior Training (In brief) \_\_\_\_\_ NRA ID# \_\_\_\_\_

Will you be applying for the Florida Non-Resident permit \_\_\_ Yes \_\_\_ No

What is your experience with guns of any type, include airguns \_\_\_\_\_

Handgun experience (i.e. revolver, 2 yrs, twice a year)

Shooting activities you've participated in (i.e. target, plinking, hunting, IDPA) \_\_\_\_\_

(None is a perfectly acceptable answer. Trainer is trying to evaluate the experience level of the class,)

**Cancellation Policy: Class is non-refundable. No cancellations or rescheduling is allowed.** Fee is due in full before class begins. In the event minimum enrollment is not met (10), full refund will be made or student may reschedule, at their option.

The undersigned agrees that a facsimile or electronically transmitted copy of this signed agreement shall be legally binding on the undersigned as though it were the original document.

Signature \_\_\_\_\_

email: [bruce@guncontroltraining.com](mailto:bruce@guncontroltraining.com)

309.824.0724

Payment Amount:	Date:	Clerk:
-----------------	-------	--------