

FIVE POINTS FIREARMS TRAINING, LLC

COURSE REGISTRATION FORM

(CONFIDENTIAL)

NAME OF COURSE: _____

DATE OF COURSE: _____

PARTICIPANT'S LEGAL NAME: _____

(Please Print)

Last

First

Middle

NICKNAME: _____ DOB: _____ AGE: _____ GENDER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONES: CELL: _____ HOME: _____ WORK: _____

Please check preferred contact number

E-MAIL ADDRESS: _____

ARE YOU A MEMBER OF THE NRA? _____ (Yes/No) IF YES, MEMBER# _____

DO YOU HAVE ANY PHYSICAL HANDICAPS THAT WOULD AFFECT YOUR ABILITY TO SHOOT A FIREARM: _____ (Yes/No). If yes, please explain:

DO YOU HAVE ANY CRIMINAL OR MENTAL HISTORY THAT WOULD PREVENT YOU FROM OWNING OR POSSESSING A FIREARM? _____ (Yes/No)

IF YES, PLEASE EXPLAIN: _____

PRINT NAME: _____ DATE: _____

SIGNATURE: _____

Student Signature

Parent Signature (If Student is under 18 Years of Age)