 ***Registration Form***

***(Please Print Clearly)***

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| ***Course Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***Course Date(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |
| ***First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |
| ***Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |
| ***Agency/Organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Firearm & Caliber: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***Agency Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AgencyPhone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***Civilian Permit Holders***  ***Pistol Permit Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pistol Permit#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***Permit Issuing Authority:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |
| ***I swear & affirm that I can legally own, use and possess a firearm in the United States of America. Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |

***Questions Call: 631-357-0202 E-Mail: (americancombatevolutions@gmail.com)***