

CAROLINA CONCEALMENT

Application for Firearms Instruction

Course (check one):	Preferred Class Date: ___/___/___
<input type="checkbox"/> South Carolina CWP <input type="checkbox"/> NRA Basic Pistol <input type="checkbox"/> Defensive Handgun Refresher <input type="checkbox"/> Personal Protection In The Home <input type="checkbox"/> Personal Protection Outside The Home <input type="checkbox"/> Defensive Shotgun <input type="checkbox"/> Other: _____	

Print everything except your signature. Print your first and last name on all extra pages, number them, and clip or staple them to this application. E-mail us any questions at carolinaconcealment@gmail.com

Name (First, Middle, Last): _____

Sex: ___ Date of Birth: ___/___/___ Drivers License (State and No.): _____

Home Address: _____

City: _____ State: ___ ZIP: _____

Home Phone: _____ Cell Phone _____ E-mail: _____

Are you a South Carolina Resident? ___ Yes ___ No Occupation: _____ Work Phone: _____

SC CWP Number: _____ Expires: ___/___/___ NRA Number: _____ Expires: ___/___/___

Describe all your prior firearms, military, and/or law enforcement experience (use additional pages if needed):

Your disabilities and/or special needs are (be clear and specific; use additional pages if needed; leave blank if not applicable):

I will bring to class a safe and functioning: ___ Revolver ___ Semi-Automatic Pistol (write "Loaner" if you need to use our gun)

Make: _____ Model: _____ Caliber: _____

In case of emergency I authorize you to contact:			
Name: _____	Relationship: _____		
Contact Address: _____	City: _____	State: _____	
Home Phone: _____	Cell Phone: _____	Work Phone: _____	

I am not legally prohibited from owning or using firearms. I understand that I must execute a "Liability Release and Assumption of the Risk Agreement" for admittance to this case. I agree that your acceptance of this application does not guarantee that I will pass or be certified. If I am accepted and admitted I will comply with all instructions and safety procedures. I agree that you may terminate my participation in the class for any reason without refund and that the instructors' decision in all matters is final. I have disclosed fully any disabilities or special needs in writing on this application. I will follow instructions, and not bring anything unsafe, illegal, or disallowed by the instructors to class. I will hand deliver/ enclose my cash or Money Order made payable to Samuel L. Summers for the full amount of the non-refundable class fee. I understand and agree that there are no class fee refunds for any reason and that the non-refundable class fee is not transferrable to another class, person, or purpose.

Signed: _____ Today's Date: _____
(L.S.) Sign in blue ink only.

Print Your Full Name: _____