



TRAINING REGISTRATION FORM

NAME: _____
(Print clearly for certificate)

OCCUPATION: _____

D.O.B: _____

FIREARMS INFORMATION TO INCLUDE MAKE/MODEL/SERIAL#: _____

STREET ADDRESS: _____
(WHERE FIREARMS IS REGISTERED)

CITY: _____ STATE: _____ ZIP: _____

TELE: _____

PLEASE LIST TYPES OF HOLSTER/S: _____

EMAIL CONTACT: _____

**** COURSE TITLE AND DATE****: _____

AREA OF FIREARMS EXPERTISE SUCH AS NEW GUN OWNER OR CURRENT GUN OWNER:

NUMBER OF STUDENTS ATTENDING: _____

PLEASE PROVIDE MEDICAL BACKGROUND FOR ANY SPECIFIC LIMITATIONS IN TRAINING

PAYMENT TYPE (PLEASE CHECK ONE)

COMPANY/AGENCY CHECK _____ MONEY ORDER _____ ORGANIZATION PO _____

CREDIT CARD PAYMENT: VISA _____ MC _____ AMEX _____ DISC _____

CREDIT CARD NUMBER: _____ Exp: _____ Sec. Code: _____

EMAIL REGISTRATION TO: **TRAINING@APC360ZONE.COM**
If faxing registration, please fax to **1-866-635-5761**

*****ANY RETURNED CHECKS WILL INCUR A CHARGE OF \$35.00*****
*****FULL PAYMENT DUE UPON REGISTRATION FORM SUBMITTAL*****

ALL SALES ARE FINAL!