

Singletary Club Member Interest Survey

Name: _____ Club Number: _____

Email address: _____

Cell Phone#: _____

Check off any classes you are interested in:

Defensive Handgun 1 Women only _____

Defensive Handgun 1 Coed _____

Defensive Handgun 2/Concealed Carry
Women only _____

Defensive Handgun 2/Concealed Carry
Coed _____

Handgun 101 (Youth Program) _____

Return survey to:

singletarycommunications@gmail.com