

KEN ALLEN TRAINING, LLC
KALASHTOBER '23
SEPTEMBER 23TH – 24TH
EVENT REGISTRATION FORM

TO PROMOTE COMMUNICATION AND TO EXPEDITE THE REGISTRATION, PLEASE COMPLETE THE FOLLOWING FORM AND EMAIL TO KEN@KENALLENTTRAINING.US

LAST NAME FIRST NAME MI

STREET ADDRESS

CELL PHONE EMAIL

EMERGENCY CONTACT PHONE

MEDICAL CONDITION/ALLERGIES

BIRTH MONTH/YEAR (MM/YY) U.S. CITIZEN: Y / N T-SHIRT SIZE

ARE YOU PROHIBITED FROM OWNING OR USING A FIREARM? (Y/N)

CONCEAL CARRY LICENSE? (CIRCLE) Y / N IF YES, STATE ISSUED?

PREVIOUSLY ATTENDED KALASHTOBER? (CIRCLE) Y / N YEAR(S) ATTENDED?

RIFLE(S) (MODEL/TYPE/CALIBER)

HANDGUN (MODEL & CALIBER)
OPTIONAL (NO SINGLE ACTION ONLY)

LIST PRIOR SHOOTING/TRAINING/COMPETITION EXPERIENCE:

NON-COMPETITOR SPOUSE/PARTNER, ADULT FAMILY MEMBERS ATTENDANCE ENCOURAGED
(NO ADDITIONAL COST)

NAME(S):

BIRTH MONTH/YEAR (MM/YY)

ARE YOU PROHIBITED FROM OWNING OR USING A FIREARM? (Y/N)