



GOLD COUNTRY FIREARMS

20 Rollingwood Dr. #52
Jackson, CA 95642
(209) 223-0000
www.gcfguns.com

Est. 2001

COURSE REGISTRATION

COURSE SELECTION: _____

COURSE DATE: _____

Military / Law Enforcement / First Responder:

Issuing Agency: _____

County of Residence: _____

NAME: LAST, First, Mi.: _____ DOB: _____ Age: _____ DL #: _____

ADDRESS - Physical: _____

ADDRESS - Mailing: _____

PHONE & E-Mail

Home: _____ Cell: _____ Work: _____ E-Mail Address: _____

EMERGENCY CONTACT: _____

Shooting Experience: _____

Qualifying Handgun*(s):

Handgun #1: Make: _____ Model: _____ Caliber: _____ Serial #: _____

Handgun #2: Make: _____ Model: _____ Caliber: _____ Serial #: _____

I declare under the penalty of perjury, that all statements made by me on this Course Registration are true and correct. I declare that I am not addicted to alcohol and/or the use of any narcotic drug. I further declare I have never been in a mental institution and/or treated for a mental illness, and I am also familiar with the prohibiting offenses that would preclude me from owning and/or possessing a firearm.

Signature: _____

Date: _____

Mail advance Course Registration with check and/or Money Order payable to **JOE DIRICKX**, 20 Rollingwood Dr., #52, Jackson, CA 95642

NO firearms are allowed in the classroom, leave all firearms properly secured in your vehicle.

