

# *Student Registration Form for Bellevue Pistol, LLC.*

\_\_\_\_\_  
**Full Name** (As it appears on your Photo ID)  
(Please Print Clearly)

      /          /       /       /        
**Gender**

\_\_\_\_\_  
**Age**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Street Address**

(\_\_\_\_\_)\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**Drivers License or I.D. Number**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip Code**

\_\_\_\_\_  
**email address**

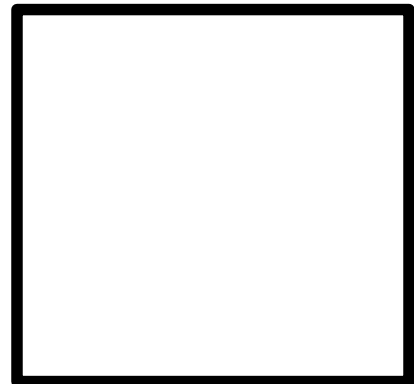
**Handgun Training and Safety Course for NE CHP**

\_\_\_\_\_  
**Name of Class Attending**

\_\_\_\_\_  
**NRA Member Number (optional)**

By Signing below and placing your fingerprint in the space provided, agree that having read and signed the Release, Waiver, Indemnification, Hold Harmless, and Assumption of Risk Agreement, wish to obtain firearms education and training from Bellevue Pistol, LLC. The Student agrees that if at any time the instructor or any member or representative of Bellevue Pistol, LLC deems your behavior, attitude, or actions warrant your removal from the class, no refund or certificate will be issued regardless of the length of time you attended the course prior to removal.

Fingerprint Taken at time of Class



**Right Index Finger Only**

\_\_\_\_\_  
**Signature**