SNIPERCRAFT NORTHEAST
COURSE REGISTRATION FORM

STUDENT INFORMATION

Full Name: _____	Rank/Title: _____
Agency/Organization: _____	Badge/Employee No.: _____
Mailing Address: _____	City/State/ZIP: _____
Phone: _____	Email: _____

COURSE SELECTION

☐ **Basic Police Sniper**	☐ **Advanced Police Sniper**
☐ **Sniper Instructor**	☐ **Two-Day Sniper Supervisor Course**

Course Date(s): _____ Course Location: _____

PAYMENT INFORMATION

Payment Method: ☐ Credit Card ☐ Check

Name on Card: _____	Card Type: ☐ Visa ☐ MasterCard ☐ AmEx ☐ Discover
Card Number: _____	Expiration Date: _____ CVV: _____
Billing Address: _____	Billing City/State: _____
Billing ZIP Code: _____	Amount Authorized: $_____

If paying by check: Check Number: _____Check Amount:_____

AUTHORIZATION AND SUBMISSION

I authorize Snipercraft Northeast LLC to charge the credit card listed above for the amount indicated, or I have enclosed a check for the stated amount. I certify that the information provided is accurate.

Signature: _____	Date: _____

MAIL COMPLETED FORM AND PAYMENT TO

Snipercraft Northeast LLC | 90 Cherry St. | Spencer, MA 01562

Email: mikechauvin.snipercraftne@gmail.com