

# SCHENCK SHOOTING SCHOOL

PLEASE COMPLETE AND MAIL THIS APPLICATION FORM AND APPROPRIATE INFORMATION TO:  
SCHENCK SHOOTING SCHOOL, ATTN. DARREL SCHENCK – 137 N. DALE ST – ANDALE, KS 67001 – (316)-218-8181

Course Requested \_\_\_\_\_ Course Date \_\_\_\_\_

Full Name \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender M/F \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## PLEASE CHECK ONE AND PROVIDE THE INFORMATION REQUESTED

\_\_\_\_\_ I have enclosed a copy of my current CCH license or statement of no criminal history from local law enforcement agency.  
(For Civilian Classes)

Agency/Department \_\_\_\_\_

Agency Address \_\_\_\_\_

\_\_\_\_\_ I have enclosed a copy of my current ID of active service with either a law enforcement/security agency or United States Armed Forces. (For LE/Security/Military Classes)

## BY SIGNING THIS APPLICATION, I UNDERSTAND AND AGREE TO THE FOLLOWING: (Please initial Each Box)

\_\_\_\_\_ That the credentials enclosed meet the requirements as outlined by Schenck Shooting School and that I must positively identify myself as the same person certified in the credentials for enrollment.

\_\_\_\_\_ That Schenck Shooting School's operation depends upon the careful control of deadly weapons by each participant; therefore, I understand that my instruction may be terminated at any time during the course if my conduct is not deemed satisfactory at the sole discretion of the staff.

\_\_\_\_\_ That I will abide meticulously by any and all safety procedures required at Schenck Shooting School, and I agree to sign a releasing Schenck Shooting School from responsibility for any injury that I may sustain during the course of the training program.

\_\_\_\_\_ I will be at least 18 years of age at the time of my class OR will be accompanied by my parent or guardian.

\_\_\_\_\_ CANCELLATION POLICY: I understand that if a class is cancelled, my deposit is fully refundable. If I cancel at least 30 days prior to the first day of class, ½ of my deposit is refundable OR the full deposit can be applied to hold another available class. If I cancel with less than 30 days before the first day of class, my deposit is totally NON-REFUNDABLE, however; ½ of my deposit can be applied to hold another available class.

\_\_\_\_\_ The total of the tuition will be paid in full prior to the beginning of class. Unless agency billed direct.

Signature \_\_\_\_\_ Dated \_\_\_\_\_

## I have enclosed the following:

\_\_\_\_\_ The completed Application \_\_\_\_\_ Please Bill My Agency

\_\_\_\_\_ Credentials Qualifications

\_\_\_\_\_ 1/2 Tuition Deposit

For Schenck Shooting School use only:

Application Received

1/2 Tuition Received

Full Tuition Received

Credentials Received

Agency Billed