Guns Plus
Security Enforcement Services, Inc
16551 North Dysart Road, #112
Surprise, AZ 85378
(623) 583-1570

ADVANCED CLASS – ENROLLMENT FORM

PLEASE **RETURN** THIS FORM WITH PAYMENT **PRIOR TO CLASS**
PLEASE PRINT CLEARLY

NAME: _____
(As you would like it to appear on your certificate)

Course Enrolling in:
____ Defensive Pistol I
____ Defensive Pistol II **
____ Night Fire Techniques
____ Carbine
____ Shotgun

Course Date(s): _____

Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Alt Number: _____

E-Mail Address: _____

Driver's License #: _____ State of ID: _____ Expiration: _____

Date of Birth: _____ Occupation: _____

Firearm you plan to use during this training course:

Make: _____ Model: _____ Caliber: _____

** Defensive Pistol 1 is a Prerequisite for Defensive Pistol II, or with Instructor's approval.
I have attended the Defensive Pistol I or have instructor's approval. _____ (Initial) _____ (Instructor)

_____ (Initial) If unable to attend scheduled class date, I must reschedule a minimum of 4 days in advance. If I fail to reschedule or no show, I forfeit payment.

Signature: _____ Date: _____

For Office Use Only

Date Paid: _____ Amount Paid: _____ Letter Provided: _____ Sales Associate: _____

Revised 08/2026