
Field Fire

Weapons Handling and Marksmanship Training

Please take a few minutes to complete this questionnaire so we can better provide the services that would best suit your goals.

• Name: _____ Age: _____

• How would you best describe your experience level? (please circle one)

No experience

Novice

Intermediate

Experienced

Expert

• Have you had any formal firearms training?

Yes (what type?) _____ No

• Are you bringing your own weapon?

No – we have weapons available for use

Yes – Please specify the following:

Make: _____ Model: _____ Caliber: _____

*You will be responsible for providing **at least** 50 rounds of appropriate ammunition for the session. You may bring more for additional refinement of your skills or if you desire additional practice.

• Do you have any felonies or other legal status that preclude you from owning, possessing, or using firearms?

Yes No

• Desired class date/time: _____

• Session length (please circle one): 3HR 5HR 7HR

• What are your expectations/goals for this session?

By signing below, I am verifying that all above information is correct and accurate to the best of my knowledge. A \$40 deposit is required to reserve a class seat. This deposit is non-refundable in case of cancellation or no-show. The deposit will be deducted from the overall payment on the day of the class.

➤ Signature: _____ Date: _____