



(STUDENT INFORMATION - PLEASE FILL IN PRINT FONT)

Student Last Name: _____ First Name: _____

Address: _____

Phone Number: _____ E-Mail: _____

Date of Birth: _____ Are you over 18 years old: _____

NRA #: _____ Are you a USA Citizen: _____

Name of the Class: _____ Date of the Class: _____

How did you hear about the class? _____ Reason for taking the class? _____

Do you currently have a Handgun Qualification License (HQL)? YES ☐ NO ☐

Are you going to need to borrow a handgun from us? YES ☐ NO ☐

What Caliber would you be interested in borrowing? (9mm, 380, 45, 22LR, 5.7, 44 Special, Other) _____

Emergency Contact Information:

Name: _____ Phone Number: _____

If under 18 years old, Parent or Guardian Information:

Name: _____ Phone Number: _____

Do you have any disabilities?

Do you need any accommodations?

Do you have any health issues that we should know made aware of before go to the range?

Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

NO AMMUNITION IN THE CLASSROOM. LEAVE AMMUNITION IN YOUR VEHICLE.

ALWAYS keep your gun pointed in a safe direction.
ALWAYS keep your finger off the trigger until ready to shoot.
ALWAYS keep your gun unloaded until ready to use.