

KEN ALLEN TRAINING, LLC
KALASHTOBER '24 - SEPTEMBER 28TH - 29TH
EVENT REGISTRATION FORM

PLEASE COMPLETE FORM & EMAIL TO KEN@KENALLENTRAINING.US
BY REGISTERING, YOU ACKNOWLEDGE ASSUMPTION OF ALL RISKS AND LIABILITIES

SIGNED LIABILITY WAIVERS (2) ALSO REQUIRED (SEE WEBSITE) - PRINT, SIGN, SCAN, EMAIL W/ THIS FORM

LAST NAME **FIRST NAME** **MI**

LEGAL ADDRESS

CELL PHONE **EMAIL**

EMERGENCY CONTACT **PHONE**

MEDICAL CONDITION/ALLERGIES

BIRTH MONTH/YEAR (MM/YYYY) **U.S. CITIZEN: Y / N** **T-SHIRT SIZE**

ARE YOU PROHIBITED FROM OWNING OR USING FIREARMS: Y / N

CONCEAL CARRY LICENSE: Y / N **IF YES, STATE ISSUED:**

PREVIOUSLY ATTENDED KALASHTOBER? Y / N **CIRCLE 2024 DIVISION: ARMOR / LIGHT**

RIFLE: (MODEL / CALIBER) **CIRCLE: MAGNIFIED / DOT / IRON**

HANDGUN (MODEL / CALIBER) **CIRCLE: OPTIC OR IRON**
OPTIONAL (SINGLE ACTION SEE REQUIREMENTS ON WEBSITE)

SHOTGUN - OPTIONAL (MODEL / GAUGE) **CIRCLE: OPTIC OR IRON**

LIST PRIOR SHOOTING / TRAINING / COMPETITION EXPERIENCE:

NON-COMPETITOR SPOUSE / PARTNER, ADULT FAMILY MEMBER(S) 18+ YEARS OLD ATTENDANCE FREE - WAIVERS REQUIRED PER PERSON
(NO ADDITIONAL COST FOR SUPPORT ATTENDANCE, INDUSTRY RANGE & DEMOS)

NAME(S):

BIRTH MONTH / YEAR

PROHIBITED FROM OWNING OR USING A FIREARM? (Y / N)

NON-REGISTRANTS FOOD ADD-ON (2 LUNCH / 1 SAT DINNER): # _____ @ \$50 PER PERSON

SEND PAYPAL "FRIENDS AND FAMILY ONLY" KEN@KENALLENTRAINING.US

INCLUDE PERSON(S) NAME ONLY IN NOTES - MUST BE RECEIVED NLT 09/18/24 - THANK YOU