



SAFE AND SOUND FIREARMS  
&  
HOME DEFENSE TRAINING

**FIREARMS COURSE - STUDENT REGISTRATION**

**Instruction:** Fill out each field completely, and return this registration form to [ssfandhdtraining@gmail.com](mailto:ssfandhdtraining@gmail.com) or bring a copy with you to class.

Date: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Full Legal Name (as stated on your Driver's License):				
Street Address:				
City:		State and Zip:		County:
Do you own a hand gun?	Yes	No		
If Yes, what type (model, make, and caliber)?				
What hand gun will you be using at the range?				
How often do you go to the range to shoot?				
When was the last time you took a gun class?				
When was the last time you went shooting?				
Are you right handed or left handed?		Right	Left	
Do you have any physical limitation that we need to be aware of? If so, please explain.				
Are you a senior, military, first responder or in education?				
What is your goal for taking this class?				
Who, if anyone, referred you to SSFHDT?				

Additional Information you would like for us to know:

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