



Student Registration

Full Legal Name: _____

Address: _____

City: _____ State _____ Zip Code _____

Date Of Birth _____ Age _____ Phone: _____

EMAIL ADDRESS _____

Course Date(s) _____

BASIC COURSES:

- | | |
|--|---|
| <input type="checkbox"/> NRA First Steps Pistol | <input type="checkbox"/> NRA Basic Shotgun |
| <input type="checkbox"/> NRA First Steps Rifle | <input type="checkbox"/> NRA Range Safety Officer |
| <input type="checkbox"/> NRA First Steps Shotgun | <input type="checkbox"/> NRA Basic P.P.I.T.H. |
| <input type="checkbox"/> NRA Basic Pistol | <input type="checkbox"/> NRA Basic P.P.O.T.H. |
| <input type="checkbox"/> NRA Basic Rifle | <input type="checkbox"/> NRA Advanced P.P.O.T. |
| <input type="checkbox"/> NRA Home Firearm Safety | |

NRA INSTRUCTOR COURSES:

- NRA Pistol Instructor
- NRA Rifle Instructor
- NRA Shotgun Instructor
- NRA Chief Range Safety Officer
- NRA P.P.I.T.H. Instructor
- NRA P.P.O.T.H. Instructor
- NRA Home Firearm Safety Instructor

Member of the NRA: **YES or NO** NRA Member Number: _____

Emergency Contact: _____

Emergency Contact Phone: _____

Method of Payment:

Cash: _____ Check: _____ Check Number: _____

Card Number: _____ Expiration Date: _____ CVVC: _____

Signature: _____