



Up in Smoke Firearms Training (USFT), LLC Firearms Experience Questionnaire Form



I have read, agree to, signed, and completed the Training Agreement and the Waiver of Liability/Inherent Risks Agreement/Hold Harmless/Indemnification Agreement Forms and I am interested in attending a course or qualification process to prepare me to become a better firearms user and possessor.

Signature: _____

Full Name: _____

Address: _____

City, State, Zip-Code: _____

Email Address: _____

Daytime Phone: _____ Cell Phone: _____

Today's Date: _____ Date of Birth: _____

Occupation: _____

Highest level of education: _____

NRA Member? Yes or No Status: _____ Membership #: _____

CMP Member? Yes or No Status: _____ Membership #: _____

USAS Member? Yes or No Status: _____ Membership #: _____

Do you currently hold any ratings from the NRA, CMP Or USAS? Yes or No If so, which ones? _____

Why do you wish to get trained? _____

Briefly describe any previous shooting experience (rifles, pistols, shotguns, muzzleloading firearms and/or air guns) you might have already. _____

Half the cost to attend any course or receive any services is automatically non-refundable. Failure to abide by any deadlines for a course or services immediately and automatically causes a non-refundable amount for the course or services.



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Briefly list the types of guns you have fired (e.g., bolt-action rifle, semi-automatic pistol, etc.) and how often you shoot them, how many rounds of ammunition you have fired in the past six (6) months, and the types of activities in which you participate with these guns. _____

What are your goals for this training or qualification and how do you see yourself best achieving them? _____

How did you find out about Up in Smoke Firearms Training (USFT), LLC? Family, Friend, Work, On-line search of the web, gun shop, instructor, social group, etc. _____

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