

20483 Highway 16 Amite Louisiana 70422 Office: 985-748-9701

Gun Safety Education Concealed Handgun Permit Course flashpoint firearms@att.net www.flashpointfirearms.com

REGISTRATION FORM

FULL NAME as on Driver's License	Male	Female	DRIVER'S LICENSE #
STREET ADDRESS			
CITY	_ LOU	ISIANA	ZIPCODE
MAILING ADDRESS (If different):			
CITY	_ LOU	ISIANA	ZIPCODE
DATE OF BIRTH	AGE	EN	MAIL
HOME PHONE	_	CELL PI	HONE
PLACE OF EMPLOYMENT			MARITAL STATUS M /D /S
HANDGUN EXPERIENCE: BEGINN MEMBER: YES #			_
HOW DID YOU HEAR ABOUT US?			
PHONE BOOK FRIEND / WHO			LSP OR NRA WEBSITE
·	s@att.net to	o your add e middle lo	
*REMEMBER -DAY OF CLASS BRING	3 :		
1- BALANCE DUE \$ CASH ONLY TH	E DAY C	OF CLASS	S
us) NO RELOADS4- Louisiana DRIVER LUNCH - (only snacks, water and soft dr THE PROPERTY, FOLLOW THE DRIV	S LICEN inks provi E-WAY	SE / and c ded - refri ALL THE	
CART. REGISTRATION FOR	R CLASS	DATE:	