



Firearms Training Class Enrollment Form

Name: _____ Birthdate: _____

Street Address: _____ Phone: _____

City: _____ ZIP: _____ E-mail Address: _____



Class: _____

Dates: _____

Fee: _____ \$100 (plus ammunition) _____.

AllSafe can provide a selection of firearms for the use of beginning students. Will you be using AllSafe's or your own for this class?

Allsafe's

My own

Both!

If you are bringing your own firearm, what kind/model/caliber?

Please return this form with your check payable to *AllSafe Defense Systems* to the address below.