



REGISTRATION FORM

Full Name (from Driver's License): _____

Name you prefer to be called (if different): _____

Phone (Home): _____ (Cell): _____

email address: _____

Home address: _____

City: _____ State: _____ Zip: _____

Emergency Contact Name: _____

Emergency Contact Number (Home): _____ (Cell): _____

What is your handgun experience: _____

Class Name: _____ Date: _____

Firearm Rental? (circle one) Yes / No (additional fee, which includes ammunition)

Illinois residents, you will need to bring your FOID card with you to class. If you do not have one, please contact us prior to class date. FOID #: _____ Exp Date: _____

Fine Print:

I agree to abide by any and all safety procedures required by WISE Firearm Training, LLC and its hosts and agree to sign a waiver releasing their employees, agents and instructors from any responsibility for any injury sustained by me during the training program. In signing this application, I certify that I am at least (18) eighteen years of age.

A \$50.00 deposit is required to hold your place in class. The deposit will be applied to the tuition for my class. In the event I cancel my participation in this class with at least 48 hours notice, I understand that my deposit will be applied toward the next convenient class. I understand my deposit will be forfeited if 48 hours notice is not given.

Checks should be payable to: WISE Firearm Training

Mail deposit and this form to: WISE Firearm Training, 205 North 27th St, Quincy, IL 62301

Phone: 217-242-1240 email: agunrunner@adams.net

SIGN: _____ DATE: _____