

SHOOTRITE *REGISTRATION FOR TRAINING*

Please read thoroughly and provide all required information.

Group classes require a 50% deposit.

Private tutorials require full payment in advance.

Payments are non-refundable. No exceptions!

With a 28 day notice you may reschedule for future class.

By submitting application student agrees to abide by any and all safety procedures required by SHOOTRITE. Student also agrees to sign a statement releasing SHOOTRITE from any responsibility for any injury student may sustain during the training program.

Safety is the most important issue and instruction may be terminated at any time if the student is determined to be unsafe to themselves and/or other students and staff.

Name _____ Age _____

Address _____

City/State/Zip _____

Application MUST include a copy of current drivers license PLUS a copy of one of the following credentials:

- 1. Concealed carry license**
- 2. Law enforcement or military I.D.**
- 3. Background check from local law enforcement agency**

Phone Day _____ Night _____

e-mail _____

Registration for _____

Firearm Model/Caliber _____ Date of Class _____

Previous Training/Experience _____

Clearly print your name as you would like it on diploma.

Signature _____ Date _____

SHOOTRITE Firearms Academy, LLC

www.shootrite.org 95 Lois Lane, Langston, AL 35755 (256) 582-4777