

## Firearms Training Class Enrollment Form

Name:		Birthdate:	
Street Address:		Phone:	
City:	_ ZIP:	E-mail Address:	
	p		
Class:			
Dates:			
Fee:	\$100	(plus ammunition)	<u> </u>
AllSafe can provide a selection using AllSafe's or your own for		or the use of beginning	students. Will you be
Allsafe's 🗖	Му	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.