



Self-Defense Training Class Enrollment Form

Name: _____ Birthdate: _____

Street Address: _____ Phone: _____

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



Class: _____ NRA Refuse To Be A Victim _____.

Dates: _____.

Fee: _____ \$40 _____.

Please return this form with your check payable to *AllSafe Defense Systems* to the address below at least two weeks prior to the class you've selected.

Upon receiving this form, I will send you a confirmation E-mail with final details regarding this class.