



COURSE REGISTRATION FORM

Course Title:	Course Dates:
Location:	

Rank/Title:	Last Name:	First Name:
Name for Badge:	Date of Birth:	Gender M/F:
Mailing Address:		
City:	State:	Zip:
Day Telephone:	Evening Phone:	
Email Address:		

Agency/Department/Organization:	Position:
Supervisor:	
Agency Telephone:	
Email Address:	

Please Check One and Enclose/Attach The Required Documents

<input type="checkbox"/>	I have enclosed/attached a copy of my current DL and either a copy of my CCW permit, Firearms Owner ID Card, Permit to Acquire, or statement of "No Criminal History" from a local Law Enforcement Agency.
<input type="checkbox"/>	I have enclosed/attached a copy of my current Law Enforcement Credentials or Active Duty Military ID.
<input type="checkbox"/>	I have enclosed/attached a copy of my current Federal Firearms License (FFL) or C&R License.
<input type="checkbox"/>	I have attended a Brownells Training Group course and provided credentials within one year prior to the course date.
<input type="checkbox"/>	I am attending an initial (non-firing) IA CCW class, and a copy of my current IA DL is enclosed/attached.

Primary Weapon:	Make/Model:	Caliber:
Secondary Weapon:	Make/Model:	Caliber:

Check One:

I will bring my own ammo.
 I will need to order an ammo package.
 I need to rent a firearm and WILL CALL TO CONFIRM AVAILABILITY.

BY MY SIGNATURE, I UNDERSTAND AND AGREE TO THE FOLLOWING (Please initial each box)	
<input type="checkbox"/>	I will be at least 18/21 years of age as of the start of the course, or will be accompanied by a parent or legal guardian.
<input type="checkbox"/>	I have enclosed/attached appropriate credentials as required above, have no legal actions pending that would jeopardize my qualifying status, and will bring proof of identity to the course and present same prior to the course start.
<input type="checkbox"/>	I understand that training with firearms is inherently dangerous, and that I am responsible for the safety of myself and others while training. I will comply with all safety procedures and understand that I may be removed from the course at any time at the discretion of the Brownells Training Group if my actions or performance are deemed unsafe or unsatisfactory. Prorated tuition will be refunded if my instruction is terminated.
<input type="checkbox"/>	I agree to sign a user agreement releasing Brownells, Brownells Training Group and Big Springs from any and all liability from any injury I may sustain during the course of training.
<input type="checkbox"/>	I understand that if a class is cancelled, I will receive a full refund of my 20% deposit. I also understand and agree that if I cancel at least 60 day prior to the start of class, my deposit is refundable, or may be used to hold another class. If I cancel less than 60 days prior to the start of class, my deposit will be non-refundable, but ½ of the deposit may be used towards another class.
Signature: _____ Date: _____	

Course Cost:						
20% Deposit:						
<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Agency PO	<input type="checkbox"/> MO	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> American Express
Charge my card for: FULL TUITION		20% DEPOSIT (Initial CCW requires tuition up front)				
Name on Card:		Card #:		Expiration:		CVN
Mailing Address:						
City:		State:		Zip:		
Signature: _____				Date: _____		