

CLASS APPLICATION

NOTE: The name you put down will be exactly as it will appear on your certificate

Class Name: _____ **Class Date:** _____

Full Name _____ **Date of Birth:** _____

Street Address: _____

City, State and Zip Code: _____

Home Phone: _____ **Cell Phone:** _____

E-Mail: _____ **Occupation:** _____

Place of Employment: _____

Will you be renting a Handgun: Yes _____ **No** _____

If you will be using your own handgun, please provide the following information about the type of weapon you plan to use in class:

Make: _____ **Model** _____ **Caliber:** _____

By submitting this application, I certify the following:

That I have read, understand and agree to abide by *Personal Firearms Consultation, L.L.C.'s*, Terms and Conditions, specifically, *Personal Firearms Consultation, L.L.C.'s* payment and no refund policy.

That I agree to abide meticulously by all safety procedures required of me. I understand that my instruction may be terminated at any time during the class if I fail to cooperate with safety requirements.

That I agree to sign a statement releasing *Personal Firearms Consultation, L.L.C.*, from responsibility for any injury I may sustain during the training program.

That I have never been convicted of any crime, at any time, in any jurisdiction.

SIGNATURE: _____

**Mail completed application to: Personal Firearms Consultation, L.L.C.
P.O. Box 80831
Rochester, MI 48308-0851**