



Green Valley Rifle & Pistol Club, Inc.

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CONCEALED CARRY SAFETY COURSE REGISTRATION

PLEASE PRINT OR TYPE ALL INFORMATION.

FIRST NAME: _____ MI: _____ LAST NAME: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ DAYTIME PHONE (_____) _____

EVENING PHONE: (_____) _____ E-MAIL: _____

AGE: _____ DATE OF BIRTH: _____

PLEASE INDICATE IN ORDER OF PREFERENCE THE DATE OF THE CLASS YOU WISH TO ATTEND.

#1. _____ #2. _____ #3. _____ #4. _____

Your signature on this application is considered proof of your acceptance of these terms and conditions:

1. I agree to all safety procedures that may be required. I further agree to sign a statement releasing Green Valley for any responsibility for any injury that I may sustain during the course.
2. I certify I am at least 23 years of age and am a law-abiding individual without a felony record.
3. I understand and agree that the safe operation of the class depends on my whole-hearted cooperation and understand my participation may be terminated, without refund, if I do not conduct myself in a safe and cooperative manner.
4. I have included the required \$40.00 deposit. (Personal checks or money orders accepted.)

SIGNATURE: _____ DATE: _____