

Florida CCW Class

P L E A S E P R I N T

Your Name: _____
Mailing Address: _____
City, State & ZIP: _____
Telephone Number: _____
FAX Number: _____
Email: _____

Emergency Contact: _____
Contact's Address: _____
City, State & ZIP: _____
Contact's Phone: _____

Date of Course: _____

Courses are limited in size and are on a first come, first serve basis.

We will gladly accept your personal check. We're sorry, but we do not take credit cards.

You will be registered for the course when we receive this form (completed and signed), the signed and witnessed WAIVER, RELEASE AND COVENANT NOT TO SUE, and the course fee. If you contact us by email, or phone, we will hold a space for you for 10 days to allow you to get the required paperwork to us.

Signature: _____ Date: _____

ABSOLUTELY NO LIVE AMMUNITION IS ALLOWED IN THE CLASS ROOM.

Mail This form and send Check for \$125 (\$100 if pre registered and payment received at least 7 days before class) per student to:

John Abbott
P.O Box 1593
O'Fallon, IL 62269
gunlovingjohn@yahoo.com