

JC DEFENSIVE FIREARMS CORP. TRAINING APPLICATION

(Please Print and Mail to Address Below)

Course _____ Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone () _____ - _____ E-mail _____

Cell Phone () _____ - _____

Brief resume of shooting background

Weapon(s) to be used for training

Document enclosed (1 copy)

Concealed Carry Permit Law Enforcement Officer ID

Payment of \$ _____ Enclosed 50% Deposit Required

I am aware I can be expelled from any course, without refund, for conduct which the instructor or staff feels endangers or disrupts the class. Deposits are not refundable if cancellation is less than 45 days prior to class, but may be applied to future courses.

Signature _____

Mail to: JC Defensive Firearms PO Box 269, Pearl River, NY 10965