**Two Gun Sergeants Training Request Form**

**(Please Print Legibly)**

Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial:\_\_\_\_\_

Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_

**FOID#**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_

E-Mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NRA Member #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I would like to take the:**

[ ] 16hr course

[ ] 5 Hour Advanced Pistol Class

[ ] 3 Hour Re-certification Course (Takes 4 Hours)

[ ] \*8hr course – I qualify for the 8hr course because I have already taken the following training and **have** **proof of that training (list below)** (refer to website for guidelines):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In order of preference**, I would like to request the following available dates that I would like to train (if a class is full, we will put you in the next available class according to your preference): **If in a group, put the group leader below, with the dates you will be attending class.**

**Dates:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Group Leader:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By entering this agreement, you understand that we will be expecting you at the training on the dates that you have been registered for. Unless it is a verifiable medical emergency, we will retain half of the amount of your payment to help cover part of any loss of potential income for the business if you choose not to attend the training. If it is a verifiable medical emergency, we will save your payment to be used at a future training date. In the case of loss of life or a major medical health issue, your payment will be returned promptly. On a case by case instance, should a non-medical emergency come up (funeral, etc), and if the instructors are notified promptly and are able to replace your position in the training, we will hold your full payment for a future training date. Using a credit card will hold your spot in class, we will not run your card until the day of class. Please bring your card with you on the day of class so it can be run.

**Payment Method Day of Class:** [ ] Cash [ ] Money Order [ ] Credit Card [ ] Personal Check

**\*If by mail**, our mailing address is:

Two Gun Sergeants LLC

729 Cleveland Road, POB 61

Colona, IL 61241