

10-8 Consulting Course Registration Application

Course Name: _____

Course Date: _____

Course Tuition: _____

(Payment in Full is Required to Reserve your Slot)

Please PRINT LEGIBLY:

Name: _____

Occupation: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Email: _____

Primary Weapon Type: _____ Caliber: _____

Secondary Weapon Type: _____ Caliber: _____

If paying by credit card, complete the following:

CC Type: VISA M/C (Circle One)

CC Number: _____ Expiration Date: _____

Three Digit Security Code: _____ Name on Card: _____

Please complete the above with your billing address if paying by credit card.

Student Agreement

I understand that this class will involve using a deadly weapon, and that conducting proper and safe class requires all students to fully cooperate with the instructor/staff. I also understand that my participation in this course may be terminated at any time, without refund, if my cooperation is deemed unsatisfactory by the course instructor or host. I agree to abide by all safety procedures required in the course. I also agree to sign a waiver releasing the host, instructor and facilities owner(s) from responsibility for any injury I may sustain during the training program. By signing below, I certify that I am (or will be at the time of the class), 18 years old or will be accompanied by my parent or legal guardian. I certify I am not legally prohibited from owning, operating, or being in close proximity to any firearms or ammunition.

REFUND POLICY: Cancellation 30 days or more prior to course date will receive a full refund of the tuition. Cancellation of less than 30 days prior to the course date will incur a \$100 service charge. No shows will be charged the full tuition.

Signed: _____ (print name) _____

RETURN ALL PAGES ALONG WITH PAYMENT TO:

10-8 Consulting, LLC
17602 17th St. #102-260
Tustin, CA 92780