



34A O. T. Davis Rd.
Lumberton, MS 39455

Application for Training

NAME: _____

Name - as you would like to have on your certificate upon satisfactory completion of the class:

Address: _____

City, State, Zip: _____

Phone #: _____

Alternate Phone #: _____

E-Mail: _____

FAX #: _____

Organization, Business, Company Name: _____

Class Requested: _____

*Handgun (Make, Model, and caliber): _____

*Ammunition: _____

Shirt Size: _____

Previous Firearms Classes & Dates Taken

(In order to meet some pre-requisites and to ensure most students are on the same skill level, please complete, if applicable).

*(In order to make the class more enjoyable for all, and to ensure that you, the shooter, have sufficient ammunition available, we ask for the make and model of your firearm and ammunition used. We have learned through experience that shipments of ammunition are not always timely. We will make ammunition available to purchase if needed or requested).

A 50% deposit is requested to ensure your slot in the class. The remainder is due upon arrival to the class. The deposit is non-refundable and non-transferable. Please enclose or provide a check, money order, or cashier's check.