



# CCW Course Registration Form

Full legal name: \_\_\_\_\_ DOB \_\_\_\_\_ DL# \_\_\_\_\_

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

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

E-mail: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Make, Model and Caliber of Weapon You Intend to Use \_\_\_\_\_

What are your previous shooting related experiences? \_\_\_\_\_

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

## READ CAREFULLY BEFORE SIGNING

By signing this application, I hereby acknowledge that Olde English Outfitters is under no obligation to provide me with a graduation certificate or reimburse me for the course tuition should I fail the competency exam. I also acknowledge that circumstances beyond Olde English Outfitters' control (i.e., failed background check, etc.) may prevent me from obtaining a CCW permit even if I pass the competency exam and that Olde English Outfitters is under no obligation to reimburse me for the course tuition should this happen.

In the event that I find it necessary to reschedule any portion of my class, I must do so 7 days prior to my course start date. In addition, I acknowledge that there will be a \$20.00 administrative charge, and dates will be subject to availability at that time.

Cancellations not made prior to 7 days of the start date will not be refunded.

Your registration is not complete until we receive a signed copy of this form.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Course Date Requested \_\_\_\_\_