

HHRP FIREARMS TRAINING APPLICATION

COURSE REQUESTED

Course:

APPLICANT INFORMATION

Name:

Date of birth:

Nickname:

Phone:

Current address:

City:

State:

ZIP Code:

Current employer:

Work Phone:

E-mail:

EMERGENCY CONTACT

Name of an emergency contact:

Address:

Phone:

City:

State:

ZIP Code:

Additional Contact Information

WEAPON BRINGING TO THE COURSE (IF APPLICABLE)

Weapon:

Caliber:

Ammunition:

Holster:

PREVIOUS EXPERIENCE

Classes or Training Taken and Date:

HOW DID YOU HEAR ABOUT THE TRAINING

PLEASE PROVIDE COPIES OF THE FOLLOWING

Driver's License

Indiana License to Carry Handgun (or other applicable CCW permit)

SIGNATURE

By signing this application, I understand and agree to the following:

That the information stated in this application is truthful.

That the training I am signing up for depends upon the careful control of deadly weapons by each participant; therefore, I understand that my instruction may be terminated at any time during the course if my conduct is not deemed satisfactory at the sole discretion of the staff.

That I will abide meticulously by any and all safety procedures required in the training, and I agree to sign a statement releasing HHRP and the trainers from responsibility for any injury that I may sustain or cause during the course of the training program.

I will be at least 18 years of age at the time of my class OR will be accompanied by my parent or guardian.

CANCELLATION POLICY: I understand if the class is cancelled by the trainers, that any money already paid will be fully refunded or can be applied to another class. If I cancel with less than 15 days notice before the first day of class, that all money paid will be NON-REFUNDABLE, however, 1/2 of any money paid can be applied to hold another available class.

The total of the tuition will be paid in full prior to the beginning of class.

Signature of applicant:

Date: