

APPLICATION FOR TRAINING

Some classes may fill well in advance. We cannot confirm your space in a class until we have both your deposit and application.

Course Requested: _____ **Class Date:** ___/___/___

Name: _____ **Date of Application:** ___/___/___

(As you would like it to appear on your certificate)

Blood Type: _____ **Age:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone (home): (____) _____ **Work:** (____) _____ **Cell** (____) _____

E-mail: _____

Place of Employment: _____ **Occupation:** _____

Prior Firearms Training: _____

Emergency Contact Information:

Name: _____ **Relation:** _____ **Phone:** _____

1. I enclose my deposit (CHECK OR MONEY ORDER) (CREDIT CARDS ALSO ACCEPTED – CONTACT IN ADVANCE FOR INFORMATION) (DEPARTMENT P.O.) to reserve my space in the class. I will pay the balance of my tuition upon registration. **I understand that my deposit is non-refundable and non-transferable.** (If you must cancel out of a class, please notify us as soon as possible. If we receive at least 30 days advance notice, your deposit may be credited to a future class. Less than 30 days notice will forfeit your deposit.)

2. I agree to abide by any and all safety procedures required of me. I understand that my instruction may be terminated at any time during the course if I fail to cooperate with safety requirements. I further agree to sign a statement releasing On Target Tactical Training LLC from responsibility for any injury I may sustain during the training program.

3. I am permitted under law to use and possess firearms.

Signature: _____

Send Completed Application with deposit to:

On Target Tactical Training 633 SE Third Ave. Suite 202, Fort Lauderdale, FL 33301

 *On Target!*

