

REGISTRATION FORM

Name _____

Address _____

Phone* _____ Email _____

***Used to schedule a specific date & time**

Registering For Course

Introductory Course

Advanced Training

Private Lesson

Hunting

Rifle

Shotgun

What day(s) of the week and time would be best for you?

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Morning

Afternoon

What type of handgun are you are planning to bring to training?

Revolver

Semi-Auto

Make: _____ **Caliber** _____

Would you be interested in scheduling an "in-home" consultation to discuss family-oriented safety plans? Yes No

How did you hear about "On Target"?

T.V.

Social Media

Flyer

Other _____