

BASIC FIREARM SAFETY COURSE

Date of course: _____ Time _____ Class Held in Uxbridge ,MA (Live-Fire @ an Indoor Range)

Name

(*print*): _____
(First Middle Last)

Age _____ Date of Birth: _____ Sex: M / F (circle one)
(month day year)

Address: _____

City _____ State _____ Zip code _____

Cell #: (_____) _____ Home #:(_____) _____

Email Address: _____ Emergency Contact # _____

Name of person(s) taking course with you, if any _____

Are you a member of the NRA? YES/NO (CIRCLE ONE) we can save you \$10.00 to join or renew.
Do you have any Firearm experience or previous training? (experience not needed) Explain:

How did you find out about my training? (Web Site) (Police Dept) (Word of Mouth) (Mass State Police)
(Firearm Store) (Add in paper) (Other _____)

Do you have ANY prior convictions that would hinder you from obtaining a License to Carry?
(Please refer to handout- Clarification of Reasons for Denial of a LTC or FID)

It is the student's responsibility to verify whether or not they are ineligible by statute to receive a LTC or FID. If you have any questions regarding past convictions, please check with your local police department's firearms licensing officer.

Are you interested in a private or group shooting lesson? Private lessons are available to you even before you receive your license. Please contact me via email for more information.

Do you have ANY physical disabilities that would make training difficult? YES/NO explain...

A **\$40.00** Cash/Check (Non-Refundable Deposit) is Required to hold your seat in the class.
Any cancellations must be made 7 days prior to the course date. You then can reschedule
Please confirm the class date, time & place 1week prior (must be 4 people min to conduct class) Student's responsibility
YOUR SEAT IS NOT GUARANTEED UNTIL YOUR DEPOSIT IS RECEIVED!

AMOUNT PAID \$ _____ Please make checks payable to: Dennis Doti Balance Due \$ _____