

Guns Plus

Security Enforcement Services, Inc.

16551 North Dysart Road, # 107

Surprise, AZ 85374

(623) 583 - 1570



ADVANCED CLASS ~ ENROLLMENT FORM

PLEASE RETURN THIS FORM WITH YOUR CLASS PAYMENT PRIOR TO CLASS

PLEASE PRINT CLEARLY

NAME: _____
(As you would like it to appear on your certificate.)

- Course Enrolling In:
- | | |
|---|--|
| <input type="checkbox"/> Defensive Pistol I | <input type="checkbox"/> Defensive Pistol II |
| <input type="checkbox"/> Defensive Pistol III | <input type="checkbox"/> Defensive Pistol IV |
| <input type="checkbox"/> Defensive Pistol V | <input type="checkbox"/> Night Fire Techniques |
| <input type="checkbox"/> Shotgun | <input type="checkbox"/> Carbine |
| <input type="checkbox"/> Team Tactical | <input type="checkbox"/> Basic Marksmanship / Safety |
| <input type="checkbox"/> Private | |

Course Date (s): _____

Full Name: _____

Driver's License # : _____

State of ID: _____ Expiration: _____

Date of Birth: _____ Occupation: _____

Phone Number: _____

E-Mail Address: _____

Mailing Address: _____

Weapon you plan to use during the training course:

Make: _____ Model: _____ Caliber: _____

Signature _____ Date _____

Return completed form with class payment to: GUNS PLUS, 16551 N. Dysart Rd, # 107, Surprise, AZ 85374

For Office Use ONLY

Enrollment Entered: _____ Date Paid: _____ Amount Paid: _____