

Guns Plus

Security Enforcement Services, Inc

16551 North Dysart Road, #112

Surprise, AZ 85378

(623) 583-1570

Basic Marksmanship Safety – ENROLLMENT FORM

PLEASE **RETURN** THIS FORM WITH PAYMENT **PRIOR TO CLASS**
PLEASE PRINT CLEARLY

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

Course Enrolling in: **BASIC MARKSMANSHIP SAFETY COURSE**

Course Date: _____

Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Alt Number: _____

E-Mail Address: _____

Driver's License #: _____ State of ID: _____ Expiration: _____

Date of Birth: _____ Occupation: _____

Firearm you plan to use during this training course:

Make: _____ Model: _____ Caliber: _____

____ (Initial) I must cancel/reschedule 48 hours in advance. If I fail to do so, I forfeit my payment.

Signature: _____ Date: _____

For Office Use Only

Date Paid: _____ Amount Paid: _____ Letter Provided: _____ Enrollment Entered: _____