

STRATEGIC SOLUTIONS LLC
PRESENTS



UNITED STATES CONCEALED CARRY ASSOCIATION
PERSONAL PROTECTION & CONCEALED CARRY SEMINAR
AUGUST 19 & 20, 2016

CHARLES BAKER
INSTRUCTOR I.D. #
4234-394869

Course Outline:

Day 1 Friday AUGUST 19, 2016 Start time 12:00 Noon till 4-5:00 PM

- Introduction
- Self Defense Firearm Basics & Techniques
- Defensive Shooting Fundamentals
- Gear & Gadgets

Day 2 Saturday AUGUST 20, 2016 Start Time 9:00 AM till 4:00 PM

- Developing a Personal Protection Plan
- The Lethal Use of Force
- Violent Encounters and Their Aftermath
- Test
- Live Fire Range Time

We Take the first 25 applications with a check based on post mark dates. We cannot accommodate more than the limit of students. You must mail your forms and checks to the address listed below. Please feel free to contact me on my cell phone 205-266-6653 or my email bakerc1911@gmail.com.

Cost: \$150.00

Make Checks Payable to:

**Strategic Solutions LLC
1401 Doug Baker Blvd
Suite 107-196
Birmingham, Alabama 35242**

Location of Training:

Main Auditorium & Action Pistol Range

**CMP Range Talladega
4387 Turner Mill Rd
Talladega AL 35160
(256) 835-8455**

Please visit our web page at www.strategicsolutionsal.com for comments from other students who have taken this course. You will not be disappointed. Share this information with your friends who are interested in additional training.

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Please print Carefully. I must be able to read your contact info to stay in touch.

USCCA PERSONAL PROTECTION & CONCEALED CARRY COURSE REGISTRATION FORM:

First Name _____
Last Name _____
Street Address _____
City _____
State _____
Zip _____
Date of Birth MM/DD/YYYY _____
Sex _____
Cell Phone _____
Home Phone _____
Email Address _____
NRA # If You Are A Member _____
DL # _____
State _____
Do You Have A Concealed Carry License? Yes No
What County? _____

You Must Answer These Questions:

1. Are you an American Citizen?	Yes	No
2. Are you a felon?	Yes	No
3. Have you been convicted of domestic violence?	Yes	No
4. Are you under a restraining order by a judge?	Yes	No
5. Do you use any illegal drugs?	Yes	No
6. Do you have any history of mental illness?	Yes	No

I certify the information provided is true.

Print Name _____

Signature _____ Date _____

Guardian Name _____

Guardian Signature _____ Date _____

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Student Equipment Requirements:

EACH STUDENT WILL BE REQUIRED TO TAKE STANDARD CMP SAFETY BRIEFING AND PAY \$15.00 RANGE FEE ASSOCIATED WITH LIVE FIRE RANGE USE.

Safe & Functioning Firearm – Pistol or Revolver
Strong Side Holster
At least 2 prefer 3 Magazines
Magazine Holders
Ear & Eye Protection
Concealed Garment
Sturdy Shoes
Ball Cap Suggested
100 Rounds of Ammo
Clothing to Match the Day & Weather
Bring Your Own Lunches & Water / Refreshments

Note: For those students who do not have the holsters and magazine carriers, you will be required to begin live fire from the high ready position. If you do not have the extra magazines I suggest you purchase them or you will miss out on important reloading functional training.

I will provide additional information as we get closer to the class date.

Thank you for your interest in this program.

Charlie Baker
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bakerc1911@gmail.com
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