

# ENHANCED CONCEALED CARRY CLASS REGISTRATION

Tuition \$ 150.00

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
( Name as you would like it to appear on your certificate)  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ ST: \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_ DL \_\_\_\_\_ ST: \_\_\_\_\_ DOB: \_\_\_\_\_ Age \_\_\_\_\_  
E-mail \_\_\_\_\_ Gender M F

Participants: Must be United State citizen or legal alien, and will not violate any state or Federal law regarding the possession or use of firearms. Participants under 18 years must be accompanied by an adult.

Students must understand that minimum standards are established in an effort to promote safety and to minimize failure. If your equipment fails, the entire class must be halted until the failure is resolved.

Firearm: We will be qualifying indoors so only .22 s can be used on the indoor range. If you do not own a 22 one can be provided for you. NO single action revolvers please.

Magazines: The student should have a minimum of two magazines, three is better. Speed loaders for revolvers are VERY helpful and recommended.

A holster is not required but is convenient as a safety device. NO shoulder holsters, NO cross-draw Holsters, NO ankle holsters.

Ammunition: The student must bring a minimum of 100 rounds of ammunition to the class. NO RELOADS

Eye & Ear Protection – The student must have eye protection and ear protection. Prescription glasses are acceptable as long as the lenses are large enough to cover the majority of the eye. If the lenses are too small, then a pair of safety glasses should be placed over the prescription glasses. A brimmed cap or hat (or visor) with a front bill above the face is also suggested. Electronic earmuffs are encouraged but not required. V-neck shirts are discouraged.

By my signature below, I declare that I have read the information contained herein and that I Understand the stated information. I further declare that the identification and contact information which I provided herein is correct and current to the best of my knowledge.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Print name: \_\_\_\_\_

Send Registration and payment to John Harter 28125 307<sup>th</sup> Ave Winner SD 57580  
Call with questions: John Harter 605-840-9478