



## APPLICATION FOR LONG RANGE II CLASS

COURSE: LONG RANGE II

COURSE DATE(S): \_\_\_\_\_

COURSE AMOUNT: \$500.00

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE: (HOME or CELL) \_\_\_\_\_

E-MAIL: \_\_\_\_\_

M \_\_\_ F \_\_\_ DOB: \_\_\_\_\_

PROFESSION: \_\_\_\_\_

R OR L HANDED: \_\_\_\_\_

PRIMARY WEAPON: \_\_\_\_\_

BACK-UP (If Available): \_\_\_\_\_

EMERGENCY CONTACT NAME & NUMBER: \_\_\_\_\_

EMERGENCY CONTACT RELATIONSHIP: \_\_\_\_\_

### PLEASE CHECK ONE AND PROVIDE INFORMATION REQUESTED:

I have enclosed a copy of my driver's license. OR

I have enclosed a current copy of my current active duty service with either a law enforcement agency or the United States Armed forces.

**BY SIGNING THIS APPLICATION, I UNDERSTAND AND AGREE TO THE FOLLOWING:**

Please initial each of the following:

\_\_\_\_\_ That the information/credentials provided above meet the requirements outlined by Red River West and that I must positively identify myself as the same person at time of course attendance.

\_\_\_\_\_ That I agree to abide by all safety procedures required by Red River West, LLC.

\_\_\_\_\_ That Red River West's business depends on the safe control of deadly weapons by each student and if my conduct is not deemed safe, including, but not limited to, adhering to Red River West Range's ammunition policies, failure to follow direction by any Instructor or Range Safety Officer, or follow any guidelines set out in the Range SOP, I may be removed from the Range without a refund of any monies.

\_\_\_\_\_ That I will be 21 years of age at the time of the class.

\_\_\_\_\_ That I will sign a release of liability when reporting for the course.

\_\_\_\_\_ That payment is due in full at time of Registration.

\_\_\_\_\_ **CANCELLATION POLICY:** I understand that if the class is cancelled, my full deposit will be refunded or the deposit can be applied to another class. If I cancel more than 30 days prior to the class, my deposit will be fully refunded. Cancellation within 30 days of the class, Red River will determine if the refund is appropriate.

**Finally, I affirm that I can legally own, use and possess a firearm in the United States of America.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE COMPLETE AND EMAIL THIS FORM,  
AS WELL AS THE APPROPRIATE INFORMATION  
REQUESTED, TO RED RIVER WEST, LLC:**

**[debbierrwest@gmail.com](mailto:debbierrwest@gmail.com)**

**MAILING ADDRESS:**

**Debra Sicking**

**Logistics Coordinator**

**705 N. Main St.**

**Muenster, TX 76252**

**For Questions Call: (940) 284-3200**