



REGISTRATION FOR LTC CLASS

COURSE: LICENSE TO CARRY CLASS

COURSE DATE(S): _____

COURSE AMOUNT: \$65.00

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, LLC 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, LLC'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, LLC's 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 class start.

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:**

Email: debbierrwest@gmail.com

For Questions Call: (940) 284-3200