

REGISTRATION FOR LTC CLASS

COURSE: LICENSE TO C	ARRY CLASS		
COURSE DATE(S):	COURSE A	MOUNT: <u>\$65.00</u>	
NAME:			
	_ STATE:ZIP		
PHONE: (HOME or CELL)			
E-MAIL:			
M F DOB:			
PROFESSION:			
R OR L HANDED:			
PRIMARY WEAPON:			
BACK-UP (If Available):			
EMERGENCY CONTACT N	JAME & NUMBER:		
PLEASE CHECK ONE AND	PROVIDE INFORMATION R	REQUESTED:	
I have enclosed a copy	of my driver's license. OR		
I have enclosed a cur	rent copy of my current active	duty service with either a law enforcen	nent
agency or the United States A	rmed 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 and Timber Creek Shooting Range. _____ That Red River West's and Timber Creek Shooting Range'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 and Timber Creek Shooting 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 class start. Finally, I affirm that I can legally own, use and possess a firearm in the United States of America.

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

Signature:

Email: debbierrwest@gmail.com
TO RETURN BY MAIL:
Red River West, LLC
705 N. Main St.
Muenster, TX 76252

For Questions Call: (940) 284-3200