

**RED RIVER WEST, LLC**  
**OUTDOOR FIREARMS TRAINING FACILITY**  
**Gainesville, Texas**

**940-284-3200**

[www.rrfwest.com](http://www.rrfwest.com)

**TRAINING REGISTRATION**  
**LADIES INTRO TO PRECISION RIFLE**  
**September 15-16, 2018**

**REGINA**  
**MILKOVICH**

**STEPH**  
**BOSTWICK**

**COURSE AMOUNT:**    \$325.00 if paying by check or money order.  
                                 \$335.00 if paying through PayPal.  
**DEPOSIT REQUIRED:** \$100.00 (BALANCE DUE 30 DAYS PRIOR TO CLASS.)  
**RANGE FEES:**        \$35.00/day per student (Paid directly to Red River West and  
                                 collected first day of class.)

**NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_  
**PHONE: (HOME or CELL)** \_\_\_\_\_  
**E-MAIL:** \_\_\_\_\_

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

**EQUIPMENT**

**CALIBER OF RIFLE:** \_\_\_\_\_  
**ACTION BRAND:** \_\_\_\_\_  
**STOCK BRAND:** \_\_\_\_\_  
**TYPE OF OPTICS:** \_\_\_\_\_  
**SCOPE RETICLE:** \_\_\_\_\_  
**AMMUNITION USED:** \_\_\_\_\_  
**MUZZLE VELOCITY:** \_\_\_\_\_

**PLEASE CHECK ONE AND PROVIDE INFORMATION REQUESTED:**

\_\_\_\_\_ I have enclosed a copy of my driver's license, copy of my CCW permit, or a statement of no criminal history from a law enforcement agency; 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 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 ammunition policies, failure to follow direction by any Instructor or Range Safety Officer, or follow any guidelines set out in the Range SOP, my instruction may be terminated at any time and I may be removed from the Range without a refund of any monies.

\_\_\_\_\_ That I will be at least 18 years of age at the time of the class.

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

\_\_\_\_\_ **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, the instructor(s) 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, AND INFORMATION REQUESTED TO:**

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

Please call if you have any questions: (940) 284-3200.

