

WEAPONCRAFT



Course Name _____ Course Number _____ Date _____

Full Legal Name _____ Date of Birth _____

Street/PO _____ City/Town _____

State _____ Zip _____ Email _____

Telephone (H) _____ (W) _____ (C) _____

Previous Formal Training (Courses) _____

Reason(s) for owning weapon (Defense, Hunting, Target Shooting, etc): _____

Weapon Make _____

Caliber _____ Model _____

Do you need a demo pistol/rifle and gear for the course? Yes _____ No _____

R or L Handed? _____

Do you need us to supply ammo? Yes _____ No _____ Caliber _____

Have you ever been convicted of a felony? Yes _____ No _____

Have you ever been convicted of domestic violence? Yes _____ No _____

Is there a protection order in force against you? Yes _____ No _____

How did you hear about us? _____ Promo Code: _____

Questions? _____

Signature _____ Date _____

Please include check for course tuition and mail to:

Weaponcraft LLC
84R Cove Street, Portland ME 04101
info@weaponcrafttraining.com (207) 829-4020 voice (207) 553-2304 fax