

Concealed Carry Handgun Training

Name: _____

Address: _____

Phone: _____ Email: _____

Rental Package Required? Yes No (circle one) Amount Paid: _____

Name: _____

Address: _____

Phone: _____ Email: _____

Rental Package Required? Yes No (circle one) Amount Paid: _____

Name: _____

Address: _____

Phone: _____ Email: _____

Rental Package Required? Yes No (circle one) Amount Paid: _____

Name: _____

Address: _____

Phone: _____ Email: _____

Rental Package Required? Yes No (circle one) Amount Paid: _____

You Must be registered and paid in full by Wednesday June 3rd to participate.

Please make checks payable to Butch Julian.