Registration/Information Form

Basic Pistol	Personal 1	Personal Protection		Either	
Locat	ion: Durango		Pagosa		
Send me information	n Enroll me	Enroll me in the course		Please call me	
Preferred contact:	Phone	Mail	E-Mail	Any	
Please enter you name e Remember this has lega should match your drive	l consequences if y		•		
Name:					
What nickname would	you like on your na	ame tag?			
Address1:					
Address2:					
City:	State:		Zip:		
Phone numbers					
E-mail:					
NRA Member?	Men	Member of an NRA Club?			
Please briefly describe y of ownership, military o	_		rses, competition	ıs, years	
Comments, special requ	irements:				