

COURSE APPLICATION FORM

Course requested:..... Course date.....
Name (As you would like it to appear on your diploma.).....
Address.....
City..... State..... ZIP.....
Phone (home)..... Work..... email.....
Place of employment.....
Prior Firearms Training.....
Type of firearm to be used in class.....

.....
A Copy of your current Driver's License and

Please check one and provide information requested;

----- I have enclosed evidence of no criminal history (felony conviction) from a local law enforcement agency on official departmental letterhead, and a statement of good character from a local official; i.e. Chief of Police, District Attorney, Judge, etc.

----- I have enclosed evidence of current, active, full time service with a public law enforcement agency, with the United States Armed Forces, or with government security agencies. Please enclose a copy of I.D. or appropriate verifiable credential.

----- A copy of a current Concealed Handgun License or Federal Firearms License.
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By signing this application, I understand and agree to the following;

1. Tac Pro Shooting Center's operation depends upon the careful control of deadly weapons by each student, and such control depends upon the wholehearted cooperation of its clients; therefore, I understand that my instruction may be terminated at any time during the course if the staff deems my cooperation or interpersonal behavior unsatisfactory.
2. I will abide meticulously by any and all safety procedures required at Tac Pro Shooting Center, and I agree to sign a statement releasing Tactical Professionals, Inc. from any and all injury I may sustain during the training program.
3. I will be at least 18 years of age at the time of class or will be accompanied by my parent or guardian, who will accept full responsibility for my actions.
4. I understand my payment is only refundable (less 20% fee) with more than 30 days notice prior to start of class. If I cancel with less than 30 days prior to the first day of my confirmed class, my payment is non-refundable. I also understand that I may move my payment to another class if I am unable to make the class I originally signed up for. If I am unable to attend this class my payment will be non-refundable.

Signature..... Date.....
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- I have enclosed the following:
1. The completed application
 2. Credential qualifications
 3. Full Payment (cash, check*, Visa / MasterCard / AMEX / Discover)

Please make checks payable to "Tac Pro Shooting Center". If you would like to charge your payment, we need the following information. *Please note: There is a \$35.00 fee on all returned checks.

Your name as it appears on the card.....

Card number..... Exp..... sec code.....

Signature..... Date.....

Tac Pro Shooting Center
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Fax: (254) 968-5857

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