FIREARM FUNDAMENTALS

P. O. Box 930302 Verona, WI 53593

Signed:

(608) 848-9366 FIREARMFUNDAMENTALS.NET



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<u>IMPORTANT</u>: Please **download first**, *before* completing, then fill-in and **SAVE**. Email the completed form to **Gary@FirearmFundamentals.net** or print and snail mail to **Firearm Fundamentals**, **P. O. Box 930302** — **Verona**, **WI 53593** (**All information provided is kept strictly confidential**)

NameDateAddressApt.						Date m/d/yy		
Email				Phone V				
Second Participant		Third Participant		Fourth Partici	pant	Fift	th Participant	
Desired Training:	□ Basic	☐ Intermediate	☐ Advanced	☐ Home	☐ Concealed	l Carry	☐ Cleaning	☐ Other
What type of train	ing would	you like emphas	ized?					
On a scale of 0 to (with 0 = No Exp Rank the follow Consistence	perience	to 10 = Grand	Master) rearm traini	ing (1 = n	nost import	ant, 5	= least imp	ortant)
Do you current If you do, what	•	a firearm?	☐ Yes	□ N	lo 🗖 l	Planni	ng on getti	ng one
Type: Make/Model						caliber		
Type: Make/Model						calibe	er	
Type: Make/Model						calibe	er	
Scheduling —	Please of	ffer a few alter	natives. We	e'll confir	m the first	availa	ble time fo	r you.
Day		Date m/d/yy			Time		AN	M / PM
							AI	M / PM
Day		Date m/d/yy			Time		A 3	A / DNA
Day		Date m/d/yy			Time		Ar	M / PM