

# Bartlesville Sportsmen's Club SDA/CCW Class

## REGISTRATION FORM

PLEASE COMPLETE ALL DATA

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

Res. Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

(Please print) Email: \_\_\_\_\_

PLEASE FURNISH THE FOLLOWING INFORMATION ON THE FIREARM YOU WILL USE IN THE CLASS. THIS INFORMATION WILL REMAIN CONFIDENTIAL.

(This information is for Instructor's records ONLY)

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Type: (circle one) Semi-auto Revolver Derringer

Caliber: \_\_\_\_\_ Serial # \_\_\_\_\_