



Course Registration

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ SSN: _____

Date of Birth: _____ Email: _____

Occupation: _____

Education (highest level completed): _____

NRA Member? _____ NRA ID: _____

For which course are you registering (Name / Date): _____

How did you learn about this course? _____

Will you use your own firearm in this course? _____

If Yes:

Caliber: _____ Make: _____

Model: _____ Action (semi-auto, revolver): _____

Do you need to rent a firearm for this course? (\$25/day) _____

Eye and Ear protection are required for the course. Do you have both? _____

What experience do you have with firearms? _____

Do you have any physical impairment of which your instructors should be aware? _____

Please Describe: _____

I have read the description of this course, and understand its goals. I hereby consent to having NW Ohio CCW submit my name for a criminal background check, the results of which will be accessed only by the instructor and myself.

Signature: _____ Date: _____

Amount Enclosed: _____

Return this form with full payment, or a \$25 non-refundable deposit, to:
NW Ohio CCW, P.O. Box 241, Ada, OH 45810