

Registration Form

COMPLETE AND MAIL THIS APPLICATION FORM AND APPROPRIATE INFORMATION REQUESTED TO:
GUARDIAN FIREARMS ACADEMY – PO BOX 935 – GREENCASTLE, IN 46135

Course Requested _____ Course Date _____

Name _____ Cell Phone (_____) _____

Address _____

City _____ State _____ Zip Code _____

E-Mail _____

My Pistol Make _____ Caliber _____

PLEASE PROVIDE THE INFORMATION REQUESTED: (CHECK APPROPRIATE BOXES)

- I need to borrow a pistol for the Pistol Home Defense Class.
- If bringing a pistol to class, I have reviewed and will comply with all Indiana Handgun Possession Laws.
- If attending the Pistol Carry Class, I will bring my Indiana License to Carry a Handgun permit for review. (Mark "N/A" if attending Pistol Home Defense)

BY SIGNING THIS APPLICATION, I UNDERSTAND AND AGREE TO THE FOLLOWING: (CHECK EACH BOX)

- That the Range's operation depend upon the careful control of deadly weapons by each participant; therefore, I understand that my instruction may be terminated at any time during the course if my conduct is deemed unsafe and at the sole discretion of the staff.
- That I will abide meticulously by any and all safety procedures required at the Range and I agree to sign a statement releasing Guardian Firearms Academy from responsibility for any injury that I may sustain during the course of the training program.
- CANCELLATION POLICY: I understand that if class is cancelled, my deposit is fully refundable. If I cancel my attendance to the class, my deposit is non-refundable but can be used for a future class tuition.
- The total of the tuition will be paid in full at the range prior to the beginning of class.

Signature _____ Date _____

I HAVE ENCLOSED THE FOLLOWING:

- The completed application
- ½ Tuition Deposit

**Guardian Firearms
Academy**
PO Box 935
Greencastle, IN 46135