

SafetySouth

TRAINING SYSTEMS, LLC
P.O. Box 2496 – Murfreesboro, TN 37133

Training Application & Course Registration Form

Complete this registration form, enclose a check payable to
“SafetySouth LLC” and return by mail to the address listed above.

Course Title _____ Course Date _____

Full Name _____

Street Address _____

City/State/Zip Code _____

Date of Birth _____ Social Security Number _____

Telephone _____ E-Mail _____

Alternate Telephone _____ Fax _____

* If registering for Defensive Handgun Workshop, please list previous firearms training
and/or experience _____

I would like to reserve a rental handgun for this class.
I am including the \$ 25 rental fee with my payment.

By signing this training application and course registration form, you agree:

- to abide by all safety rules and instructions presented in the class
 - that you will sign a safety waiver prior to beginning the class
 - that you have read, and understand the cancellation policy
- that you are not a convicted felon, or have pending felony charges, or pending criminal charges involving stalking or domestic violence, or are otherwise ineligible by law to possess or use firearms

Signature

Date

