APPLICATION FOR TRAINING

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·	ould like it to appear on your di		
ame by which you would like to	called	Age	
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ddress		,	
City	State Zip Code	Date of Birth	
ome Phone	Work Phone	Cell Phone	
one Frione	Work Friorie	Cell Filone	
ace of Employment		Occupation	
ior Firearms Training			
rpe of weapon you plan to us	e in class:		
The of weapon you plan to us	- IT 01033.		
lake	Model	Caliber	

3. In signing this application, I certify that I have never been convicted of any crime, at any time, in any jurisdiction.

releasing Cumberland Tactics, Inc. from responsibility for any injury I may sustain during the training program.

Signature:



Send Completed Application with deposit to:

Cumberland Tactics PO Box 149 Tellico Plains, TN 37385