



PRECISION RIFLE COURSE REGISTRATION FORM

Personal Information

[Last] [Middle Initial] [First]

[Home Address] [City] [State/Zip]

[Cell Number] [E-mail Address]

[Rifle Model] [Optic]

[Caliber] [Reticle]

Do you currently hold a TX CHL Yes [] No []

Emergency and Medical Information

[In case of emergency contact] [Relationship] [Phone Number]

[Date of Class]

E-mail completed form to: xmtgllc@yahoo.com OR Mail completed form to: Xtreme Measures Training Group Attn: Donna Ferguson/Registration P.O. Box 205 Scurry, Texas 75158

If you want to pay by credit card please provide the following information.

Visa [] Mastercard [] Name on Card: _____

CC# _____ Exp. _____ Security Code: _____

Billing Address: _____

Signature: _____

Please note you are not confirmed for the class until your deposit has been received. You will receive a confirmation e-mail as soon as it has been received.

If you have any questions or concerns, please feel free to contact us at: xmtgllc@yahoo.com or (972) 742-5079.

Students receiving firearms training must be a U.S. citizen and will be required to show proper I.D. and sign a Release and Waiver of Liability Agreement upon arrival to class.

Extreme Times Calls for Xtreme Measures