APPLICATION FOR TRAINING

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ame (As you would like it	to appear on your diplor	Application Date
,	to appear on your diplor	
ame by which you would like to called		Age
ame		email
ddress		,
City State	Zip Code	Date of Birth
ome Phone	Work Phone	Cell Phone
ace of Employment		Occupation
or Firearms Training		
pe of weapon you plan to use in class	:	
ake	Model	Caliber

- 2. I agree to abide meticulously by any and all safety procedures required of me. I understand that my instruction may be terminated at any time during the course if I fail to cooperate with safety requirements. I further agree to sign a statement releasing Cumberland Tactics, Inc. from responsibility for any injury I may sustain during the training program.
- 3. In signing this application, I certify that I have never been convicted of any crime, at any time, in any jurisdiction.

Signature:



Send Completed Application with deposit to:

Cumberland Tactics PO Box 149 Tellico Plains, TN 37385