

HALLS FIREARM TRAINING

"Promoting Safety Through Education"

Les & Joy Hall

Live Oak, Florida

NRA Certified Firearms Instructors
Retired Law Enforcement Officer
E-Mail: les@hallsfirearmtraining.com
Phone: 386-364-6400



Jim Hall

Loveland, Ohio

NRA Certified Firearms Instructor
Certified Range Safety Officer
E-Mail: jim@hallsfirearmtraining.com
Phone: 513-588-0487

www.hallsfirearmtraining.com

Thank you for your interest in a firearms course from Halls Firearm Training. I know that you will thoroughly enjoy the course and find it very beneficial.

Please refer to the "Schedules" link on our website to find the dates of our **Chief Range Safety Officer courses**.

If you know of other family and friends that may be interested in this course, please feel free to print additional copies of any of the attached information and pass it on.

if you have any questions or concerns, please contact us at (Home) 386-364-6400 (Cell) 386-590-0213 or send me an e-mail at les@hallsfirearmtraining.com.

The cost is: **\$250 per Person**

To Enroll in a class, Please:

- 1) **Print Out** the attached Course Registration Form.
- 2) Fill out a separate Registration Form for each person, being sure to include the date you plan to attend.
- 3) Call us at 386-364-6400 to verify seat availability.
- 4) Mail the Course Registration Form and a check for the Course Fees to:
Halls Firearm Training, 11015 71st Drive, Live Oak, FL 32060
(This is NOT the Physical Address for the Classroom and Firing Range)
(You will receive verification that your registration and payment have been received)
- 5) Arrive at the Gun Club approximately 10 – 15 minutes prior to the scheduled class start time.

We look forward to receiving your Course Registration Form so that I may register you for a class.

Also, we invite you to visit our website at www.hallsfirearmtraining.com.

Les

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COURSE REGISTRATION FORM

(CONFIDENTIAL)

COURSE DATE: _____.

1) NAME OF COURSE: _____ NRA – CHIEF RANGE SAFETY OFFICER COURSE

2) PARTICIPANT'S LEGAL NAME: _____
(Please Print) Last First Middle

3) NICKNAME (Called) _____ DOB: _____ AGE: _____ SEX: _____

4) ADDRESS: _____

5) CITY: _____ ST: _____ ZIP: _____

6) PHONES: HOME: _____ CELL: _____ WORK: _____

7) E-MAIL ADDRESS: _____

8) ARE YOU A MEMBER OF THE NRA? _____ (Yes/No) IF YES, MEMBER # _____

9) DO YOU HAVE ANY PHYSICAL HANDICAPS THAT WOULD EFFECT YOUR ABILITY TO SHOOT A FIREARM? _____ (Yes/No). IF YES, PLEASE EXPLAIN.

10) DO YOU HAVE ANY CRIMINAL OR MENTAL HISTORY THAT WOULD PREVENT YOU FROM OWNING OR POSSESSING A FIREARM? _____ (Yes/No). IF YES, PLEASE EXPLAIN.

PRINT NAME: _____ DATE: _____

SIGNATURE: _____
Student Signature

Please call us at 386-364-6400 prior to mailing the Registration Form to verify seat availability.

Please complete and mail (along with payment) to:
Halls Firearm Training
11015 71st Drive
Live Oak, FL 32060