

# HALLS FIREARM TRAINING, LLC

"Promoting Safety Through Education"

**Les Hall**

**Live Oak, Florida**

E-Mail: les@hallsfirearmtraining.com

Phone: 386-364-6400

**Joy Hall**

**Live Oak, Florida**

E-Mail: joy@hallsfirearmtraining.com

Phone: 386-364-6400



**Jim Hall**

**Loveland, Ohio**

E-Mail: jim@hallsfirearmtraining.com

Phone: 513-697-1313

**Scott Blanchett**

**Baldwin, Florida**

E-Mail: scott@hallsfirearmtraining.com

Phone: 386-364-6400

[www.hallsfirearmtraining.com](http://www.hallsfirearmtraining.com)

## COURSE REGISTRATION FORM

(CONFIDENTIAL)

COURSE DATE: \_\_\_\_\_

1) NAME OF COURSE: \_\_\_\_\_ NRA – FIRST STEPS PISTOL ORIENTATION COURSE

2) PARTICIPANT'S LEGAL NAME: \_\_\_\_\_  
(Please Print) Last First Middle (or Maiden)  
(Please Enter Your Name As It Appears On Your Driver's License)

3) NAME YOU ARE 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. (Use Back if needed)

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. (Use Back if needed)

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_  
Student Signature Parent Signature (If Student is under 18 Years of Age)

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, LLC**  
11015 71st Drive  
Live Oak, FL 32060