

Application for Training

SHOOT-N-IRON Academy has an obligation to the public, society, and itself not to share training and experience with anyone of bad or unfavorable character. **SHOOT-N-IRON** requires documentation of one of the items listed below for applicants wishing to attend courses held at the Academy or any of our mobile classes:

1. A letter from a law enforcement agency in your area stating that you do not have a criminal record or history of mental illness.
2. Photocopy or other evidence of current or retired service with public law enforcement, licensed security, or current or retired military affiliation.

NOTE: Photocopy of your state concealed weapons permit may be submitted in lieu of the above requirements.

All items of recommendation must accompany your application. We do not wish to inconvenience our clients, but we feel sure that you do not wish to share your class or time with undesirable

SHOOT-N-IRON Academy

Please print and complete this page, and mail with a check or money order to:
17205 Gaddy Road
Shawnee, Oklahoma 74801

APPLICATION

1. Please reserve a slot for me for class number SI_____, on preferred date:

(1st choice)

(2nd choice)

(3rd choice)

2. Enclosed is my deposit of ¼ the course fee to reserve my slot. (Note: If for some reason you are not accepted, your deposit will be refunded to you. If you cancel after notice of confirmation your deposit is not refundable. The remaining Tuition fees are to be paid upon arrival at the academy and are not refundable.)

3. Are you under indictment or have you ever been convicted of a felony? **Yes / No** (circle one)

4. Are you now or have you ever been under treatment for any mental disorder? **Yes / No** (circle one)

5. By signing below I certify that I am 18 years of age or will be accompanied by a parent or guardian.

6. I agree to abide by all safety and range rules required by Shoot-N-Iron Academy. I understand that by voluntarily participating in the class or classes for which I have registered that I release Shoot-N-Iron, Inc. and all instructors from liability for any injury I may sustain and for any acts or omissions.

7. READ: Our training programs and safety operations depend upon careful control of weapons and the complete cooperation of our students. It must be understood that a student's instruction may be terminated any time his or her cooperation is deemed to be unsatisfactory by the academy staff.

(Date)	(Student signature)	(If married, spouse's signature)
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(Print full name)	(Date of Birth)	(Occupation)
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(Mailing address)	(City)	(State)	(Zip Code)
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(Home Phone Number)	(Business Phone Number)