Critical Incident Strategies
Registration Form

First Name: _____ MI:____ Last Name:_____

Street Address:_____

City, County, State, Zip:_____

Home Phone:_____ Cell Phone:_____

E-Mail Address:_____

Course Requested:_____ Course Date(s):_____

Date of Birth:_____ United States Citizen: Yes_____ No_____

Prior Firearms Training:_____

Make, Model, Caliber that will be used in class:_____

By signing this application, I understand and agree to the following:

1. C.I.S. courses rely upon the careful control of firearms by each student, and such control depends upon the cooperation of its students; therefore, I understand that my instruction may be terminated at any time during the course if the instructor deems my cooperation or range safety unsatisfactory.
2. I will abide by any and all safety procedures required by C.I.S., and I agree to sign a statement releasing C.I.S. from any and all injury I may sustain during the training.
3. I will be at least 18 years of age at the time of class.
4. All applicable local, state, and federal laws will be adhered to.
5. Cancellation Policy

Cancellations made at least 14 days prior to the course will receive a full refund. Cancellations made less than 14 days prior to the course may receive a 50% refund or a full credit for a future class of equal or lesser value (this is a "one-time" occurrence). "No shows" are not eligible for a refund or credit.

Sign:_____ Date:_____

-I have enclosed the following:

1. Registration Form.
2. Class fee (check or money order).

-Make checks payable to: Critical Incident Strategies, LLC.
P.O. Box 2597
Smyrna, TN 37167