

Name

Address

City  State  Zip Code

Home Phone  Cell Phone  Work Phone

E-mail  Referred By:

Emergency Contact  Phone #

Class enrolling in

Best Day(s) to attend class  Mon  Tue  Wed  Thur  Fri  Sat  Sun  Sun  
Best Time to attend class  Morning  Day  Evening  Night

Is there an incident that made you decide to get your CHL?

What is your experience/training level with handguns?  
 Newbie (never fired a handgun)  Beginner  Intermediate  Advanced

Have you had any previous firearms training?  
 No  Yes If Yes what class(es)?

Do you plan on taking additional handgun/firearm training courses?  Yes  No  
If Yes, what courses?

Do you have a gun for your class?  No  Yes  Semi-Auto Pistol  Revolver  Shotgun  Rifle

Where did you purchase your last firearm?  Local Gun Shop  Sporting Goods Store  Gun Show  Internet  
Other

Do you belong to a gun rights/2nd Amendment organization?  Yes  No  
 NRA  GOA  TSRA  Second Amendment Foundation  Students for Concealed Carry on Campus  
 Armed Females of America  Jews for the Preservation of Firearms Ownership  Nat'l Shooting Sports Foundation