



Course Application Form

Course Requested: Combative Shotgun Instructor Development Course Date: November 5-6, 2018

Name: _____
(As you would like it to appear on your certificate)

Address: _____

City: _____ State/Province: _____ Zip: _____

Phone (home): _____ (cell): _____ (business): _____

Email: _____

Place of Employment: _____ Position: _____

Make, model, and caliber of firearm(s) to be used in class: _____

Please check one and provide the information requested along with a current copy of your driver's license:

_____ I have enclosed evidence of no criminal history from a local law enforcement agency on official department letterhead and/or a valid state issued concealed handgun permit.

_____ I have enclosed evidence of current, active, full-time service with a public law enforcement agency, with the United States or Canadian Armed Forces, or with a government security agency. Please include a copy of I.D. or appropriate verifiable credential.



Course Application Form

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

1. Combative Firearms Training L.L.C. depends on the careful control of deadly weapons by students, and such control depends upon the wholehearted cooperation of its clients; therefore, I understand that my instruction may be terminated at any time during the course if the staff or instructors deem my cooperation or interpersonal behavior unsatisfactory.
2. I will abide meticulously by any and all safety procedures required by Combative Firearms Training L.L.C., and I agree to sign a statement releasing Combative Firearms Training L.L.C. and its staff and instructors from any and all injury I may sustain during the training program.
3. I will be at least the age of 21 years old at the time of class or between the ages of 18 and 21 and will be enlisted in the United States or Canadian Military.
4. I understand that payment is due at the time of application for any Combative Firearms Training L.L.C. training course and that payment is non-refundable and non-transferable without prior arrangements made with Combative Firearms Training L.L.C. *Combative Firearms Training L.L.C. reserves the right to cancel any course with 14 days notice with a full refund for the class only.*
5. I understand that if I must cancel my attendance at class, I agree to do so no less than three (3) weeks before class and will expect a full refund. If I must cancel my attendance less than three (3) weeks before class, I forfeit all rights to any refund of class cost. If I fail to attend class, I forfeit all rights to any refund of class cost.
6. All applicable local, state, provincial, and national laws shall be adhered to.

Signature: _____ Date: _____

Print Name: _____

I have enclosed the following:

1. Completed application;
2. Credential qualifications;
3. Class payment

Please mail course application to: Combative Firearms Training L.L.C.
54876 Huntington Rd, Bend, OR 97707

Or email course application to: Todd@CombativeFirearms.com

For any questions, please contact us at 541-598-8372 or 940-445-1110.
We look forward to seeing you on the range!