

WOMEN & HANDGUNS REGISTRATION FORM

Please type or print clearly

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ (8:30 a.m. to 4:00 p.m.)

Email (if available): _____

Please list the following if you own or have access to a handgun.

Make: _____

Model: _____

Caliber: _____

Unavailable: _____

1. **Basic** – Designed for the beginner with limited or no knowledge of handling guns safely. (3 hrs. class, 1 hr. shooting)
2. **Basic Pistol & Home Firearms Safety** – More advanced, designed for individuals that have some knowledge of guns, safety and some shooting experience. (4 hrs. class, 2 hrs. shooting)
3. **Home Protection** – In depth, for the individual that has experience in handling weapons with preparation to use deadly force if necessary to protect life. (8 hrs. class, 2 hrs. shooting)