



IMPORTANT: Please **download first**, *before* completing, then fill-in and **SAVE**. Email the completed form to **Gary@FirearmFundamentals.net** or print and snail mail to **Firearm Fundamentals, P. O. Box 930302 — Verona, WI 53593 (All information provided is kept strictly confidential)**

Name	Date m/d/yy
Address	Apt.
City	ZIP
Email	Phone Home
Second Participant	Fifth Participant
Third Participant	Fourth Participant

Desired Training: Basic Intermediate Advanced Home Concealed Carry Cleaning Other

What type of training would you like emphasized?

On a scale of 0 to 10, how would you rate your firearm experience or skills? _____
 (with **0** = No Experience to **10** = Grand Master)

Rank the following by importance in Firearm training (1 = most important, 5 = least important):

_____ Consistency _____ Accuracy _____ Bullet Power _____ Safety _____ Technical knowledge

Do you currently have a firearm? Yes No Planning on getting one
 If you do, what type:

_____ Type: Make/Model _____ caliber

_____ Type: Make/Model _____ caliber

_____ Type: Make/Model _____ caliber

Scheduling — Please offer a few alternatives. We'll confirm the first available time for you.

_____ Day _____ Date m/d/yy _____ Time AM / PM

_____ Day _____ Date m/d/yy _____ Time AM / PM

_____ Day _____ Date m/d/yy _____ Time AM / PM

Signed: