

(Office Use Only) Deposit _____ Check# _____ Type _____ Caliber _____ # _____ D _____

Full Legal Name _____ E Mail _____

Address _____
Street City State Zip

Drivers License# _____ - _____ Birth Date _____ Age _____

Daytime Phone# (_____) _____ - _____ Home Phone# (_____) _____ - _____

Please list the name you prefer to be called if different than legal name: _____

U.S. Citizen? YES NO OK Resident? YES NO Location of Class ALVA Date _____
Write in Date

Other handgun or firearms training I have received includes: _____

I have been shooting a pistol for _____ years. I will shoot a Derringer Revolver Semi-Auto

The type of handgun I plan to use for the training course is a: _____
Make Model Caliber

Primary Reason for Enrolling: _____ Learn new skill _____ Upgrade or improve existing skill _____ Other (please specify)

Disclaimer: This section is for statistical purposes only. Supplying the information is optional. ALL INFORMATION GIVEN IS CONFIDENTIAL and is used for our enrollment reporting only

_____ American Indian / Native Alaskan	_____ Less than H.S. diploma	_____ Male	_____ Yes	_____ Yes
_____ African American	_____ High School Graduate / GED	_____ Female	_____ No	_____ No
_____ Hispanic	_____ Some College Education / No degree			
_____ White	_____ Technical Diploma			
_____ Asian / Pacific Islander	_____ Associate Degree			
_____ Other	_____ Bachelors Degree			
	_____ Advanced Degree			

STUDENT SERVICES: Student support services such as career guidance, assessment, job placement, personal counseling, and basic skill enhancement are available for evening adult students. Please contact office personnel or a building administrator for more information. Northwest Technology Center is making a good faith effort to comply with the provisions and responsibilities of the Americans with Disabilities Act of 1990 (ADA). Services are available to students with disabilities, including accommodations in facilities, programs, and services. Northwest Technology Center does not discriminate on the basis of race, color, national origin, sex, age, veteran status, qualified handicap or disability. For more information you may contact Dwight Hughes or Karen Koehn, Compliance Coordinators.

Liability Release Statement (Please read carefully and sign below)

I understand that every precaution will be taken in order to ensure that the class will be conducted in a safe manner. Further, in consideration of the services provided by the instructor, instructor's assistants, and owners of locations where the firearms training will take place, all are herewith released from any and all liability for all actions taken in good faith during the course of the Oklahoma Self Defense-Act training class. I will not hold Northwest Technology Center, Tony Wisely, the Alva Police Department, or the City of Alva Liable for any damage or injuries sustained on the school premises or the City of Alva Firing Range during the course of this class.

I understand that to participate in this course, it is my responsibility to provide and wear proper eye and hearing protection while taking part in the firing range session. In addition, I agree to use only new, "Factory Ammunition" during the course of fire at the firing range. I further understand that if I score 70% or less on the written exam, or if my actions on the firing line are deemed unsafe by the instructor, I will be dismissed from class with no refund of fees. I also understand that I have a responsibility to read, be familiar with, and understand the copy of the Oklahoma Self-Defense Act that is provided in my application packet available from the Oklahoma State Bureau of Investigation.

Signature

I first heard about this class through: Brochure picked up at _____
Northwest Technology center _____ Friend _____ Other _____
Shop N Swap Ad _____ Web Site _____ Found with _____ Search Engine _____

**Mail pre-registration form along with \$60.00 class fee to:
Northwest Technology Center, 1801 South 11th Street, Alva OK 73717**