



Application for Texas CHL Course

Course: Texas Concealed Handgun License Class Date _____

Complete Name _____ Gender M F

Date of Birth _____ Email _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____

Driver's License Number and Issuing State: _____

Emergency Contact Name _____

Relationship _____

Cell Phone _____ Home Phone _____

Firearm Semi-automatic Caliber _____ Revolver Caliber _____

Special Needs _____

BY SIGNING THIS APPLICATION, I UNDERSTAND AND AGREE TO THE FOLLOWING:

Initial

____ The operation of Delta Red Training Group, LLC depends on careful control of deadly weapons and the adherence to strict safety rules by each participant. I understand my instruction may be terminated at any time during the training if my conduct is not deemed satisfactory at the sole discretion of the staff.

____ I will abide by any and all safety procedures required by Delta Red Training Group, LLC, and I agree to sign a statement releasing Delta Red Training Group, LLC from responsibility for any injury that I may sustain during the course of the training program.

____ I understand I am required by the State of Texas to be at least 21 years of age to acquire a Concealed Handgun License.

Signature _____ Date _____

PLEASE FAX TO (512) 264-1202 OR SCAN AND E-MAIL this completed application to brich@deltared.com

OR MAIL TO: Delta Red Training Group P.O. Box 798 Dripping Springs, TX 78620