



Application for Defensive Training Course

Course Requested _____ Course Date _____

Complete Name _____ Gender M F

Date of Birth _____ Email _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____

Driver License # _____ Expiration _____

Concealed Handgun License Y N Expiration _____

Occupation _____ Position _____

Company _____

Emergency Contact Name _____

Relationship _____

Cell Phone _____ Home Phone _____

Type of Firearm _____ Caliber _____

Second Firearm (If Applicable) _____ Caliber _____

Brief Description of Firearm Experience _____

Special Needs _____

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

OR MAIL TO: Delta Red Training Group PO BOX 798 Dripping Springs, TX 78620

1. Copy of current Driver's License
2. Copy of CHL if you are a CHL holder **OR**
Copy of current criminal background check. If necessary, we can furnish you with contact information about a company which will provide criminal background check services **OR**
Copy of a letter on department letterhead from a local law enforcement agency indicating you have no evidence of criminal history which would prohibit you from owning or possessing a firearm.
3. Copy of current service ID with a law enforcement agency or US Armed Forces (if applicable)
4. Copy of this completed application

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

Initial

___ There is no reason which legally prohibits me from owning or being in possession of a firearm.

___ The credentials I have provided meet the requirements of Delta Red Training Group, LLC and I must positively identify myself when checking in for class as the same person certified in the credentials for enrollment.

___ 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 will be at least 21 years of age at the time of my Defensive Handgun class.

___ I will be at least 18 years of age at the time of my Defensive Rifle or Shotgun class.

Cancellation Policy:

If the class is canceled by Delta Red, my tuition is fully refundable. If I cancel more than 30 days prior to the class, my full tuition payment will be refunded or can be applied to another available class.

If I cancel 15-30 days prior to the class, 50% of my tuition will be refunded or can be applied to another available class.

If I cancel 14 days or less, my tuition is non-refundable; however, 50% of it can be applied to another available class.

____ I have read and agree with the above Cancellation Policy

Signature _____ Date _____