

Training Center Registration

Date: _____

Name: _____ Washington State Concealed Carry

Permit: Yes () No ()

Address: _____

City: _____ Zip: _____

1st Phone: _____

2nd Phone: _____

Any Formal Firearms Training: Yes () No ()

What type of training have you had NRA () USPSA () IDPA () SASS ()

Law Enforcement () Military ()

Other: () Name of course _____

Select Course:

NRA Basic Pistol ()

Level II Practical Training ()

Level III Practical Training ()

Utah Conceal Carry Permit ()

IPSC 101 ()

Course Date: ____/____/____

The course fee is required in advance, and is nonrefundable; if you can't make the course please call ahead and we'll put you on the next available course.

Make check or money order payable to Rick Naslund
Please mail registration and check or money order to
Custer Sportsmen's Club
3000 Birch Bay-Lynden Road
Custer Washington, 98240