



CHL (Conceal Handgun License) Course Registration Form

Name: _____ Gender: ____ DOB: _____
 Street: _____ City: _____ State: _____
 Zip _____ Day Ph.: _____ Evening Ph.: _____ Cell Ph.: _____
 eMail: _____ Emergency contact: _____
 Relationship: _____ Phone: _____

Any previous firearm experience: _____

Your occupation: _____

Do you have a firearm: **Y or N** – (One is available for \$10.00 if needed)

Make: _____ Model: _____ Caliber: _____

Class Date: _____ (Non-Refundable deposit of \$15.00 is required)
Refunds are given if class is cancelled by the Instructor.

Check Payment Category:

1. ____ Course Fee: \$115.00 per person (Includes Range Fees)
2. ____ Couples, Same Family, Educators and Group Organizations:
 Fee \$100.00 per person (Includes Range Fees)

Note: **Optional CHL Firearm Books** are available for \$15.00

3. ____ If desired please indicate here by a **Yes or No**

Waiver Form will be collected in Class,
 Please Mail Your Deposit to:

K-Products.US LLC - Attention: J. Kocian,
 4178 Sherman Rd., Kent, OH 44240