Practical Firearms Training – APPLICATION for Training

	COURSES DESIRED	DATE
#1		
#2		
#3		

☐ Enclosed is my **deposit of $100.00** for a reserved space for each class. Contact us in advance if you wish to confirm availability- classes sometimes fill quickly. (Note: If course schedule changes occur 7 days prior to the class date, deposits will be held and applied to your alternate date.)

or, enclosed is my **payment in full** of $_____

☐ As proof that I am law-abiding individual with no felony record, I have enclosed documentation from a reliable source as proof of good character. State gun licenses, concealed weapons permits (CWPs/ CCWs), evidence of a recent handgun purchase, professional licenses issued by a government agency, proof of active/retired military or law enforcement duty, or other documentation of your good character and citizenship are all acceptable. Call us with any questions.

☐ I agree to abide by any and all safety procedures required by the instructional staff. I further agree to sign a statement releasing the instructional staff from any responsibility for any injury that may be sustained during the training program. (Note: Our operation depends upon the safe control of firearms, and such control depends on the complete cooperation of our students. We reserve the right to suspend a student if his or her cooperation or conduct is deemed unsatisfactory and unsafe by our staff.) In signing this application I agree to comply with all the terms and requirements specified here, and certify that I am at least eighteen years of age or will be accompanied by a parent or guardian.

☐ Make/model/caliber of FIREARM(S) I plan to bring:_____

CONTACT INFORMATION		
Name:		Birth Date:
Phone:	Email:	
Address:		
City:	State	Zip
Concealed Carry Permit? YES / NO		
Signature:		Date:

Please return application, supporting documents, and deposit (payable to PFT) via mail to:

PFT, 498 Mossy Rock Trail, Alderson WV 24910