

SG TACTICAL LLC

FIREARMS SAFETY COURSE

ATTENDEE INFORMATION SHEET

NAME: _____
(FIRST) (M.I) (LAST)

ADDRESS _____
STREET CITY/TOWN STATE ZIP

PHONE NUMBER (HOME OR CELL) _____

EMAIL (WORK/HOME) _____

D.O.B. _____

IF CURRENTLY IN POSSESSION OF VALID MGL FIREARMS
LICENSE PLEASE NOTE TYPE.

LTC __ OR FID__ EXPIRATION DATE_____

WHAT TYPE OF LICENSE ARE YOU APPLYING FOR ?

LTC__ OR FID__

SIGNATURE _____ DATE _____

LOCATION OF COURSE _____

WHAT TYPE OF OTHER COURSES ARE YOU INTERESTED IN?

PAYMENT RECEIVED: Y__ N__ CHECK # ____ CASH ____