



## ARGIVE DEFENSE SYSTEMS COURSE REGISTRATION APPLICATION

Course name: \_\_\_\_\_  
Course date: \_\_\_\_\_  
Course tuition: \_\_\_\_\_

Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Primary weapon and caliber: \_\_\_\_\_  
Secondary weapon and caliber: \_\_\_\_\_

Prior courses attended: \_\_\_\_\_  
\_\_\_\_\_

Do you possess a concealed carry permit? Yes / No  
If yes, State and permit # \_\_\_\_\_  
Have you ever been convicted of a Misdemeanor or Felony? Yes / No  
Explain \_\_\_\_\_  
\_\_\_\_\_

At least half of course tuition must be received no later than 45 days prior to date of class to reserve your spot. This can be done via check or money order along with this form. If student makes final payment the day of class this must be done via money order or cash. No exceptions. Sorry.

Cancellations must be received in writing or e-mail no later than 15 days prior to class in order to receive a full refund.