

# Registration Form

## FIREARMS FAMILIARIZATION AND PERSONAL PROTECTION COURSE

### *Mainville Sportsmen's Club*

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Male  Female

Address: \_\_\_\_\_

\_\_\_\_\_

City

State

Zip Code

Phone Number: \_\_\_\_\_

E-Mail Address (Optional): \_\_\_\_\_

Make and Caliber of Gun: \_\_\_\_\_

Do you have a Concealed Weapons Permit: Yes  No

Course Date: \_\_\_\_\_

Course Registration Fee: \$60 per student – Make check or Money Order payable to Paul D'Angelo  
Please Note: Registration fees are non-refundable.

**Download** and mail this form along with the registration fee to:

**Paul D'Angelo LLC**  
**P.O. Box 855**  
**Bloomsburg, PA 17815**