**Student Registration Form**

Name: DOB:

[As you want to see it printed on the certificate]

Address:

City: State: Zip:

Phone: Email:

Desired Class Date:

NRA Member? NRA Member Number:

Emergency Contact:

Name: Phone#:

Name: Phone#:

Name: Phone#:

Allergies / Food Allergies:

Any Medical Condition that we need to be aware of?

Signature: Date:

Please complete this form as soon as possible to me via email at:

[hossfirearmtraining@gmail.com](mailto:hossfirearmtraining@gmail.com)

Or by mail at:

17301 East Swamp Road

Prairieville, LA 70769