



# Arbuckle Firearms Training

## COURSE ENROLLMENT FORM

Complete this form and send in with your check or money order to:

Arbuckle Firearms Training

PO Box 1222

Sulphur, OK 73086

<input checked="" type="checkbox"/>	<b>COURSE</b>	<b>DATE</b>	<b>COST</b>
<input type="checkbox"/>	Oklahoma Concealed Carry	_____	\$50.00
<input type="checkbox"/>	Defensive Pistol I	_____	\$75.00
<input type="checkbox"/>	Defensive Pistol II	_____	\$75.00
<input type="checkbox"/>	Defensive Pistol III	_____	\$75.00
<input type="checkbox"/>	NRA Basic Pistol Shooting	_____	\$75.00
<input type="checkbox"/>	NRA FIRST Steps Pistol	_____	\$40.00

For a complete list of course dates, please check our website at [www.arbucklefirearms.com](http://www.arbucklefirearms.com).

Name to be printed on certificate (**please print legibly**), it should be the same as your driver's license.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

OK DL/ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

In case of emergency contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

How did you hear about Arbuckle Firearms Training?

From a friend  Newspaper  Internet  Yellow Pages  Other:

\_\_\_\_\_

- I will be shooting a:     Semi-automatic Pistol         Revolver         Derringer        Caliber: \_\_\_\_\_
- Have you shot this type of gun before?         Yes         No
- Did you bring your own ammunition?         Yes         No, I need to purchase ammunition.
- Do you need to use one of our guns?         Yes         No
- Are you a citizen of the United States and are you at least 21 years old?         Yes         No
- Are you a resident of Oklahoma?         Yes         No
- Have you ever been convicted of a felony in any state?         Yes         No
- Have you ever been convicted in any court of a crime punishable by imprisonment for a term exceeding one year?         Yes         No
- Are you an unlawful user of, or addicted to, marijuana, or any narcotic drug or controlled substance.         Yes         No
- Have you ever been adjudicated as a delinquent or mentally defective, or have you ever committed to a mental institution?         Yes         No
- Have you ever been charged with Attempted Suicide, Assault and Battery, Aggravated Assault and Battery, Violation of the Domestic Abuse Act, Stalking, or any violation relating to illegal drug use or possession?         Yes         No
- Do you currently have a Victim Protective Order (VPO) against you?         Yes         No
- Do you have anyone residing in your home who has been adjudicated as a delinquent or convicted of a felony?         Yes         No
- Have you had two (2) or more convictions for Driving Under the Influence (DUI) or Public Intoxication?         Yes         No

I hereby certify that the answers to the above questions are true and correct. If taking the Oklahoma Handgun License (Oklahoma Self Defense Act) Course, I certify that I have received a copy of the Oklahoma Self Defense Act, as published by the OSBI (available from county sheriff's office or at <http://www.ok.gov/osbi/>). I fully understand that all written materials I receive in class supersede any verbal information or opinions. I fully understand that receiving a Completion Certificate from the Oklahoma Self Defense Act Course **DOES NOT** give me the right to carry a loaded firearm or carry a concealed or unconcealed firearm. I fully understand that there are no refunds for this class.

Waiver of Liability and Claims

I, my agents, assigns, executors or administrators for the consideration of being allowed to enter, rent and use the facilities and services of Arbuckle Firearms Training do hereby absolutely and **unequivocally agree to release and hold harmless Arbuckle Firearms Training**, its agents, employees, instructors, assigns, owners and successors from any and all claim, demand or liability, arising out of any injury, loss, or disability, connected with the use of, attendance or activities at the facility. I further understand that shooting can be dangerous and will at all times exercise safe gun handling practices.

**I have read, understand, and fully agree to all of the above.**

SIGNATURE: \_\_\_\_\_ DATE:

\_\_\_\_\_