

Concealed Carry Registration Form

Date: _____

Name: Last _____ First _____

Address: Street _____ City _____ County _____

Phone Number: _____ Zip Code _____

Emergency Contact Number: _____

Emergency Contact Name _____ **Address** _____

City _____ **State** _____

E-Mail Address _____

(No e-mail address will be shared or sold to anyone)

I wish to receive e-mail notification of up-coming shooting events ()

I do not want to receive any notifications by e-mail ()

(Must be at least 23 years of age, and a Missouri Resident)

Cost \$100.00

Deposit: \$25.00 non-refundable (but can be use at a different class time)

Date you plan to attend: _____

Paid: Cash _____ Check _____ Check # _____

Received By: _____

Make checks payable to Judith Hughes

Mail to: Judith Hughes
3425 W. Tracy Ct.
Springfield, Mo. 65807
Fax # 417-886-1478

