



Mail to:
Blue Line Tactical, LLC
3660 Center Road #187 Brunswick Ohio 44212

Telephone: (330) 310-1053
www.bluelinetac.com

STUDENT INFORMATION (please print clearly)

Name: _____
Last First MI

Gender: M F DOB: _ / _ / _ Home Phone: (____) _____ - _____

Cell Ph: (____) _____ - _____

Address: _____

City: _____ State: _____ Zip _____

Email: _____

Do you have any medical conditions or special needs which we should know about prior to your arrival at training? YES NO If YES please explain.

COURSE INFORMATION

Course Title: _____

Course Date(s): _____ Cost: \$ _____

BILLING INFORMATION (Party responsible for payment if different from above.)

I have do not have my own firearm for this class.

Make and model of firearm: _____

Name: _____
Last First Title

Billing Address: _____

Phone:(____)-____-_____

City: _____ State: _____ Zip _____

Email Address: _____

Registered students who do not attend and did not cancel the registration five business days prior to the course start date will be charged an administrative fee equal to one-half the total course fee.