



Weapons Training School &
 WTS Protection Service
 P.O. Box 1187
 Soulsbyville, CA 95372
 (209) 532-6677

www.WeaponsTrainingSchool.Com

Course Registration Form
 (Please Print Legibly)

Course Title: _____ Date of Class: _____

Number of Participants for this class: _____ Alternative Date: _____
 Name for reservation and for printing on the Certificate of Completion: _____

 First Middle Last

Name Tag (If different that above): _____

Mailing Address: _____

Daytime Telephone Number: _____ Email: _____

Additional Participants:

 First Middle Last

Daytime Telephone Number: _____ Name Tag (If different that above): _____

 First Middle Last

Daytime Telephone Number: _____ Name Tag (If different that above): _____

 First Middle Last

Daytime Telephone Number: _____ Name Tag (If different that above): _____

2014 NOTICE OF PAYMENT & NON-REFUNDABLE DEPOSIT REQUIRED

Please contact us to ensure space availability. All Tactical Firearms Courses require full payment in advance to complete registration, of which 50% is non-refundable. All other courses require a \$50 non-refundable deposit per student to hold reservations. Please include payments with this registration form and mail to the address below. Please make check or money order payable to: WTS, P.O. Box 1187, Soulsbyville, CA 95372. **Fees must be received within 7 days of requesting attendance** to hold this reservation. When reserving more than 3 classes, payment options are available. Once received, a confirmation letter will be mailed out providing all pertinent information needed for the class. Thank you. **(CONFIRMATION TO BE SENT VIA EMAIL UNLESS OTHERWISE REQUESTED)** Credit Authorization Charge:

Card Type: AMEX MC VISA Card Number: _____ Security Number: _____

Expiration Date: _____ Amount: \$ _____
 Zip Code: _____

*For Credit Card transactions, add \$2.00 transaction fee per \$50 charge (example: \$150 class = \$156 total)

Authorization signature for charge: _____ Date: _____

Thank you! We look forward to seeing you soon.