



Preston Tactical Training Application

P.O. Box 1003 Livingston, TX 77351

www.PrestonTactical.com

Phone: 832-250-4220

Name: _____
First Last Date of Birth

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell: _____
(xxx-xxx-xxxx) (xxx-xxx-xxxx)

Email: _____ Drivers License: _____ State: _____

Please register me for the following:

Course Title: _____ Date(s): _____

Location: _____ Tuition: \$ _____

Please check One of the Following:

- ☐ I am a current Law Enforcement Officer
- ☐ I am active Military
- ☐ I have a License to Carry / Weapons Permit
- ☐ I have submitted a Statement of No Criminal History from a Law Enforcement Agency
- ☐ I am registering for a LTC course or a GSW Trauma kit Demonstration

By submitting this application I agree to the following:

- That the information/credentials provided positively identifies me, and that I will verify my identity when reporting for the course.
- That I agree to follow all the safety rules and procedures required by Preston Tactical.
- That if my conduct or behavior is deemed not to be safe or appropriate by an instructor, my instruction may be terminated at any time without a refund of any monies.
- That I will be 18 years of age at the time of the class or accompanied by a parent or legal guardian.
- That I will sign a release of liability when reporting for the course.
- That I have no legal or medical restriction that would prohibit me from attending this course.

CANCELLATION POLICY: I understand that if the class is cancelled, my full tuition will be refunded or the tuition can be applied to another class. If I cancel more than 30 days prior to the class, my deposit will be fully refunded. If I cancel within less than 30 days of the class then Preston Tactical will determine if any refund is appropriate.

Finally, I affirm that I am a law abiding citizen and I can legally own, use and possess a firearm in the United States of America.

SIGNATURE: _____ **DATE:** _____

Make checks or money orders payable to: Preston Tactical or pay by credit card.

Credit Card #: _____ VISA: _____ MC: _____ DISC: _____ AMEX: _____

CCV#: _____ Name on Card: _____ Exp. Date: _____
(3 digit code on back)