

MIDWEST TRAINING GROUP, Inc.

REGISTRATION FORM

Course: _____
Instructor: _____
Date: _____
Location: _____
Tuition: _____ (1/2 price for refreshers)

Please enroll me in the above course. **Enclosed is my full tuition.** I understand that thirty (30) days notification of cancellation is required to receive a full refund and with less than thirty (-30) days notice I will forfeit 1/2 of my tuition.

As proof of good character I provide one of the following:

1. _____ A letter of reference from a local official, i.e., Police Chief, Judge, etc.
2. _____ A letter from a practicing attorney stating that I have no police record or history of institutionalization for mental health.
3. _____ Proof of occupation in Law Enforcement.
4. _____ A current concealed carry permit or federal firearms license.
5. _____ FOID Card (Illinois residents only) **INCLUDE PHOTO COPY**

I agree to abide by any and all safety procedures required by Midwest Training Group and GUEST INSTRUCTORS, and agree to sign a statement releasing their employees, agents, and instructors from any responsibility for any injury sustained by me during the training program.

In signing this application I certify that I am at least eighteen (18) years of age or will be accompanied by a parent or guardian.

NAME: _____

ADDRESS: _____

CITY/STATE: _____

ZIP: _____ **E-MAIL ADDRESS:** _____

PHONE: (W) _____ (H) _____

FOID # _____ EXPIRATION DATE: _____

VISA/MC # _____ EXP. _____

CHECKS SHOULD BE PAYABLE TO: MTG

1457 17th Avenue
Camanche, Iowa 52730
563-259-2123
email: staysafe@q.com

SIGN: x _____