

Vermont Firearms Safety

Safety through education

Registration Form

Please complete all of the following:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Course Name: _____

Course Date: _____

Full payment must be made at time of registration. Total payment enclosed: \$ _____

One of the following must be included with the registration form as a statement of good character:

____ Current & valid concealed carry permit or federal firearms license

____ Current & valid Private Investigator license

____ Proof of current employment in law enforcement or military

____ Letter from a practicing attorney verifying you have no criminal record or history of institutionalized mental health care.

____ Letter of reference from a local law enforcement official such as a chief of police, judge or sheriff

I agree to abide by all safety procedures required by Vermont Firearms Safety ("VFS") and to release VFS from any liability for any injury I sustain during the training course.

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

VFS reserves the right to cancel any training course and will refund any registration payment made for courses canceled by VFS. VFS will not be held responsible for any additional costs, including but not limited to: hotels, meals & travel.

Signature: _____

Date: _____