

Registration Form

Please print and mail with a check for \$500 to:

Rogers Shooting School
1736 St. Johns Bluff Rd.
Jacksonville, FL 32246

If you would like to pay with Visa/MC/American Express,
please call (904) 646-0141 x1 x101

Name _____

Address: _____

Phone # _____

E-mail _____

I would like to attend your (*please check one*)

Basic ___ Intermediate ___ Advanced ___ Class

(*Please indicate start date*) _____, 2006

(*Please check*)

I will stay at the school lodge ___ or, I will make my own arrangements for lodging_____

Optional shoulder weapon taught concurrently with handgun class (ONLY ONE):

Shotgun program___, or CQB 9mm carbine program___, or 5.56mm rifle program___

I will supply my own ammo _____ (Intermediate - Advanced programs only)

I would like the school to supply ammo for me _____

9mm___ .45 ACP___ .40 S&W___ 12 Gauge___ 5.56mm___

I understand that the enclosed check is considered earnest money and will be refunded if I cancel at least 60 days before the start of the intended class. I also understand that the Rogers Shooting School can cancel a class 45 days before the start and I will be refunded any fees paid. In the event, the School cancel a class, I will be given a \$100 certificate to be used toward another scheduled class. I further understand that my balance due must be paid the first evening of class. If I fail to attend the class all monies paid will be forfeit.

(Please sign and date)_____ / ____ / ____ / 2006