



Pre-Registration Form

Class date, time & location: _____

Name: _____

E-mail _____

Address: _____

Phone: _____

City: _____

Cell: _____

State/Zip: _____

Gun Caliber: _____

*caliber of gun you'll be taking the course with, *optional*

DOB: ____/____/____

DL# _____

FOID# _____

Ex Date ____/____/____

Course Fees:

Two Day 16hr course (save by taking both days)	\$200.00	_____
Day 1 - 8hr Basic Pistol		
Day 2 - 8hr IL Conceal Carry Requirement		
Two Day 16hr course (couples)	\$350.00	_____
Both people for 16 hour course only		
Day 1 Only	\$125.00	_____
8hr Basic Pistol		
Day 2 Only	\$125.00	_____
8hr Illinois Concealed Carry Requirement		

I am signing up for the Ladies Only course on _____
Date(s)

**Course fees include, range fee & target fee.

Total: _____

- All students need to pre-register and mail payment prior to class date.
- Should course be canceled for any reason, students may choose a different date or receive a refund.

Mail Pre-Registration and check to:

The Gun Experts
Attn: Dean Hazen

306 N Beringer Circle
Urbana IL 61802