TEAL CARRY CONCEALED HANDGUN COURSE RESIGNATION

Chuck Teal, Jr (336) 692-6588

tealcarryconcealed2020@yahoo.com

Information provided on this form is for the instructor's use only: Please complete/sign Registration and waiver of liability Form:

	STUDENT INFO	ORMATION:	
Full Name:	STUDENT IN	OK. MATO. C.	
Mailing Address:			
City, State, Zip:	1-12		
Email Address:			
Date of Birth:		CU.	
	VACO C	THE PART A	
	EXPERIENCE LEVEL	WITH HANDGUNS:	
No Experience	Limited Experience	Knowledgeable	Skilled
I CERTIFY THAT I:			
· Am a Citizen of the Ur	nited States or Legal Permaner	nt Resident.	
· Am a Resident of Nort			
· I have no Criminal Rec	cord with would disqualify me	from owning a Handgun.	1
· Have a valid North Car		ZUZU	J
	n a waiver of Lability ~ Attach	ned to registration form.	
	tor(s) may excuse me from thi		and refund all or part of
the class fees	ior(o) may enembe me mem m		Totalia ali oi pari oi
tile ombo reco.		vo D	
	CARRY YES	NO PALED	
INFORMATION FOR	THE FIREARM YOU WIL	L BE USING:	
(we recommend that you	u use and qualify with the hai	ndgun which you intend t	o carry concealed.)
Manufacture:	Model:	Serial#	
	RMS, MAGAZINES OR AM	MUNITION WILL BE I	BROUGHT INTO THE
CLASSROOM		(
	DENTS TO BRING TO CL		
	ou intend to carry concealed w	ith holster.	
	on for the above handgun		
	oved for shooting activities		
	ved for shooting activities		
	and shoes ~ Ladies please be a		or low fitting tops.
	if you wish there are many Fas		
Bring drink or snack if	you want them ~ We will take	e short breaks during the c	lass session
Sign		Date	