

MIDWEST TRAINING GROUP, LLC

REGISTRATION FORM

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

As of March 1st, 2015 there will be a 3% processing fee for tuition payment via Visa and MasterCard .

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:** _____ (so we can read it)
PHONE: (Cell) _____ (H) _____
FOID # _____ EXPIRATION DATE: _____
VISA/MC # _____ EXP. _____ 3-digit code _____

CHECKS SHOULD BE PAYABLE TO: MTG

Midwest Training Group
Attn: Andy Kemp
14368 N. Samhill Trail
Hayden, Idaho 83835
Email: andy1911@imaxmail.net or call 208-771-3413

SIGN: x _____