

Course Requested: _____ Course Date _____

Tutorial Dates Requested: _____

Name: _____

(As you would like it to appear on your certificate.)

Address: _____

City: _____ State/Prov: _____ Zip/PostalCode: _____

Phone (home): _____ (work) _____

Email: _____

Date of Birth (yy/mm/dd): _____ Place of Birth _____

Place of Employment: _____ Occupation _____

Prior Training: _____

Make, model and caliber of firearm(s) to be used in class or Make/model of trainer requested:

Please check one and provide information requested:

- I have enclosed evidence of no criminal history from a local law enforcement agency on official departmental letterhead.
- I have enclosed evidence of current, active, service with a public law enforcement agency, with the Canadian or U.S. Armed Forces, or with government security agencies. Please enclose a copy of I.D. or appropriate verifiable credential.
- A copy of a current concealed carry permit, federal firearms license or (R)PAL.
- I am already on file with Warrior North Training Systems and have obtained prior clearance to attend this program.

By signing this application, I understand and agree to the following:

1. Some Warrior North programs of instruction depend upon the careful control of deadly weapons by each student, and such control depends upon the wholehearted cooperation of its clients; therefore, I understand that my instruction may be terminated at any time during the course if the staff deems my cooperation or interpersonal behavior unsatisfactory.
2. I will abide meticulously by any and all safety procedures required at Warrior North, and I agree to sign a statement releasing Warrior North from any and all injury I may sustain during any training program.
3. I will be at least 18 years of age at the time of class or will be accompanied by my parent or guardian, who will accept full responsibility for my actions.
4. I understand that my deposit is non-refundable and non-transferable.
5. All applicable local, state/provincial and federal laws should be adhered to.

*Please Sign: _____ Date _____

I have enclosed the following:

1. The completed application
2. Credential qualifications (if required)
3. Deposit (cash, check, Money order, or PayPal verification of Credit Card payment)

Make checks payable to Warrior North Training Systems. If you would like to charge your deposit, you may pay via our website at www.WarriorNorth.com using PayPal. You may submit your application via mail, email or fax