

**Handgun Safety Clinic
Registration**

Date: _____

Name: _____

Address: _____

Phone Number: _____

E-mail: _____

Drivers License #: _____

Date of Birth: _____

Handgun Information:

Registered to: (name) _____

Make: _____

Model: _____

Serial #: _____

____ **I have signed a waiver**

____ **I have filled out a back ground check form**