

Complete this registration form and mail to:

Logical Response Training

PO Box 88

Cornelius, OR 97113

Course Requested_____

Course Date(s)_____ Course Location_____

Name_____

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

Date of Birth_____

Address_____

City_____ State_____ Zip_____

Phone Number _____ Email_____

Prior Firearms Training (No previous training required to attend courses.)

Make, model and caliber of firearm(s) to be used in course:

I certify by signing below that the information above is true and accurate and that I am legally and morally allowed to possess a firearm.

Date_____

Signature of registering client