

# ASAA / MAG TRAINING APPLICATION

Please accept my enrollment in the course(s) listed below.

Course \_\_\_\_\_ Date \_\_\_\_\_

Course \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Brief resume of shooting background: \_\_\_\_\_

Weapon(s) to be used for training: \_\_\_\_\_

Document Enclosed (Two copies of any one)

Concealed Carry Permit

Law Enforcement Officer ID

Letter from Police/Judge/DA

Letter from Attorney

Payment of \$\_\_\_\_\_ by:  Check  Money Order  MasterCard  VISA

Card # \_\_\_\_\_ Exp. \_\_\_\_\_ ### On Back of Card \_\_\_\_\_

If your credit card is billed to an address different from the one above, please enter it below.

\_\_\_\_\_  
I am aware I can be expelled from any course, without refund, for conduct which the instructor or staff feels disrupts or endangers the class. Payments are not refundable if cancellation is less than 30 days prior to class, but may be applied toward future courses. If payment was by credit card refunds are subject to a 6% processing fee.

Signature: \_\_\_\_\_

Mail to Defense Associates, P.O. Box 824, Fairfield, CT 06824 or email to [training@defenseassociates.com](mailto:training@defenseassociates.com)