



# PALADIN

## PERSONAL PROTECTION

### Firearms Training CCW Certification

#### ENROLLMENT FORM

Date: \_\_\_\_\_ NRA Basic Firearm Training Course:  Rifle

Pistol

NAME: \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F

Street address \_\_\_\_\_ Phone \_\_\_\_\_

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

E-mail address: \_\_\_\_\_  Member of NRA

Describe prior shooting experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Class Preference: Weekday \_\_\_\_\_ Weekend \_\_\_\_\_ Times: \_\_\_\_\_

**Mail this form, along with a Nonrefundable Deposit of \$25.00, to:**

**Paladin Personal Protection  
6273 Lusanne Ter.  
Cincinnati, OH 45230-2713**