

# Guns Plus

Security Enforcement Services, Inc

16551 North Dysart Road, #112

Surprise, AZ 85378

(623) 583-1570

## ADVANCED CLASS – ENROLLMENT FORM

PLEASE **RETURN** THIS FORM WITH PAYMENT **PRIOR TO CLASS**  
PLEASE PRINT CLEARLY

**NAME:** \_\_\_\_\_

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

Course Enrolling in:      \_\_\_\_\_ Defensive Pistol I      \_\_\_\_\_ Night Fire Techniques  
   \_\_\_\_\_ Defensive Pistol II      \_\_\_\_\_ Carbine  
   \_\_\_\_\_ Defensive Pistol III      \_\_\_\_\_ Carbine/Handgun Transition  
   \_\_\_\_\_ Defensive Pistol IV      \_\_\_\_\_ Shotgun  
   \_\_\_\_\_ Defensive Pistol V      \_\_\_\_\_ Private

Course Date(s): \_\_\_\_\_

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Alt Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State of ID: \_\_\_\_\_ Expiration: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Firearm you plan to use during this training course:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Caliber: \_\_\_\_\_

\_\_\_\_\_ (Initial) I must cancel/reschedule 48 hours in advance. If I fail to do so, I forfeit my payment.

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

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### For Office Use Only

Date Paid: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Letter Provided: \_\_\_\_\_ Enrollment Entered: \_\_\_\_\_