



COURSE REGISTRATION FORM

Personal Information

[Last]	[Middle Initial]	[First]
[Home Address]	[City]	[State/Zip]
[Cell Number]	[E-mail Address]	

Emergency Contact Information

[Name]	[Relationship]	[Phone Number]
[Course Attending]	[Date of Class]	

Please leave weapon in vehicle until instructed to bring inside.

[Weapon Brand/Model]

E-mail completed form to:

donna@xmtgllc.com OR

Mail completed form to:

Xtreme Measures Training Group
P.O. Box 205
Scurry, TX 75158

If paying by check, we must receive it the Wednesday before your class is scheduled. Please make check payable to XMTG or enter your credit card information below. We will accept CC or cash on the day of your class, but please note you are not confirmed for the class until your payment has been received.

MasterCard Visa Am. Express Discover

Card #: _____ Sec. Code: _____

Exp. Date: _____ Signature: _____

If you have any questions or concerns, please feel free to contact us at donna@xmtgllc.com or (972) 742-5079.

*Students receiving firearms training **must** be a U.S. citizen and will be required to show proper I.D. and sign a Release and Waiver of Liability Agreement upon arrival to class.*

Extreme Times Calls for Xtreme Measures