

Kentucky Concealed Carry Training Class Registration

CCDW CLASSES, LLC.

P.O. Box 54541

Lexington, KY 40555

(859) 624-2500

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kyconcealedcarry@Yahoo.com

You are registering to attend a Kentucky DOCJT (Department of Criminal Justice Training) training class taught by Kentucky DOCJT Certified Instructors.

YOU ARE NOT REGISTERING FOR A KENTUCKY CCDW LICENSE.

(CCDW CLASSES, LLC. reserves the right to cancel or change class dates. You will be given notice and an opportunity to reschedule. Every reasonable effort will be made to hold the class on published dates.)

PLEASE, LEGIBLY PRINT THE INFORMATION BELOW:

Desired Class Date: Month _____ Day _____ Year 2012 Make check payable to: CCDW CLASSES, LLC

First Name: _____ Middle Initial: _____ Last Name: _____

Age: _____ Gender (Circle One): M F Phone(s): _____

Address: _____

City: _____ State: Kentucky Zip: _____

E-Mail: _____

I have read and understand the above information.

Signed: _____ Date: ____/____/2012

PLEASE, DO NOT WRITE BELOW THIS LINE

Cost of Class: \$75.00 \$70.00 \$65.00 \$60.00

Deposit: _____ CASH CHECK No. _____ Receipt No. _____

Balance: _____ (Due at time of class) Student number in class: _____