



Application for the WCSO Handgun Safety Class

_____ DATE		_____ CLASS DATE REQUESTED	
_____ FIRST NAME	_____ MI	_____ LAST NAME	_____ D.O.B.(For range access)
_____ STREET ADDRESS		_____ CITY	
_____ STATE	_____ ZIP	_____ CONTACT NUMBER	
_____ EMAIL ADDRESS			
_____ EMERGENCY CONTACT NAME		_____ CONTACT NUMBER	_____ RELATIONSHIP

Any physical restrictions which would affect your ability to participate or compromise your safety and any requested accommodations:

The following questions are confidential and voluntary (but it would help us to know our classes better).

Occupation (Retired, Teacher, Etc.) _____

How did you hear about this class? _____

Reason for taking this Handgun safety class _____

Is there anything in your past that would prevent you from purchasing or possessing a handgun? NO _____
YES _____