



COLT DEFENSE LLC

P.O. BOX 118, HARTFORD, CONNECTICUT 06141 860/232-4489

Training Course Registration Form

Directions:

Contact host first to sign up for the course. Follow Hosts directions for signing up to the course. When directed by the host use this form to sign up for the course. The host must receive a copy of this form if one is filled out. Host has final say of attendance in course. Questions please contact Seth Bielucki at sbielucki@colt.com or fax 860-244-1352. This form must have a PAYMENT or PO with it to secure a slot in the course.

- M-16/AR-15 Armorers School (\$400.00) 1911 Armorers School (\$350.00)

\$100 of registration fee is non-refundable should the student withdraw from the course.

Course Location:

Course Date:

[Empty box for Course Location]

[Empty box for Course Date]

Title/Rank

First Name

Last Name

[Empty box for Title/Rank]

[Empty box for First Name]

[Empty box for Last Name]

Agency Name

[Empty box for Agency Name]

Address

[Empty box for Address]

City

State

Zip

Dept. Phone

Dept. Fax

[Empty box for City]

[Empty box for State]

[Empty box for Zip]

[Empty box for Dept. Phone]

[Empty box for Dept. Fax]

Email Address

[Empty box for Email Address]

ALL TUITION MUST BE PAID TO SECURE SLOT IN COURSE

Payment Information MC Visa Discover Check Dept. PO

Colt Defense, LLC Tax ID # 32-0031950

Credit Card #

Exp. Date

3 Digit Security Code

Amount

[Empty box for Credit Card #]

[Empty box for Exp. Date]

[Empty box for 3 Digit Security Code]

[Empty box for Amount]

Contact Name

Contact Phone

Contact Fax

[Empty box for Contact Name]

[Empty box for Contact Phone]

[Empty box for Contact Fax]

Billing Address

City

State

Zip

[Empty box for Billing Address]

[Empty box for City]

[Empty box for State]

[Empty box for Zip]

Do You Want A Receipt Faxed? Yes No Citizen of the USA? Yes No

*YOU MUST CONTACT HOST BEFORE SIGNING UP FOR THE COURSE.

