

Spartan Tactical Training Group, LLC

2016 CLASS REGISTRATION FORM

Name: _____

(Please print your name as you would like it to appear on your training certificate)

F.O.ID. Card # _____ Exp date: _____

CCW Permit # _____ Exp date: _____

Agency / Organization / Citizen: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Phone Number: (____) ____ - _____

Course Title: _____

Course Number: _____

Course Date(s): _____

Signature: _____ Date: _____

Method of Payment: (check one)

Purchase Order Check Money Order Other: _____

Spartan Tactical Training Group, LLC

Attn: Class Registration

4340 Cross Street

Downers Grove, IL 60515

**Complete this
form and mail to:**

OFFICE USE ONLY:

Loaner Gun: _____ Type: _____

Ammunition: _____ Type: _____

Office: (708) 990-4367 • e-mail: jkrupa@teamspartan.com • © Copyright 2004-2016

You WILL Fight The Way You Train! Train With Intensity. Fight To WIN!