



TACTICAL ANALYSIS GROUP, LLC

STUDENT ENROLLMENT FORM

Please complete all data and submit by email to taginformation@aol.com. If you have questions email us.

Each Applicant must submit an individual form.

LAST NAME: _____ FIRST: _____ MI: _____

DRIVER'S LICENSE #: _____ DL STATE: _____ AGE: _____ SEX: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIPCODE: _____

EMAIL: _____ CONTACT PHONE: _____

APPLYING FOR: (50% DOWNPAYMENT REQUIRED AT REGISTRATION - BALANCE DUE ON DAY 1)

- 1. PROGRESSIVE PISTOLCRAFT (3 DAYS) \$250.00
- 2. PRECISION MARKSMAN/OBSERVER (5 DAYS) \$385.00 (includes lunch)
- 3. PRACTICAL CARBINE (2 DAYS) \$250.00
- 4. OTHER/CUSTOM (PLEASE DESCRIBE DESIRED TRAINING)

PLEASE CHECK AT LEAST ONE CATEGORY: (Proper Gov't issued ID required first day)

CIVILIAN CCW: ___ LAW ENFORCEMENT: ___ US MILITARY: ___ OTHER :___(explain)

(LE ONLY) AGENCY: _____ AGENCY CONTACT NUMBER: _____

(MIL ONLY) UNIT: _____ SUPERVISOR: _____

ADD'L INFO: _____

EMERGENCY MEDICAL INFORMATION (This information will be restricted to TAG staff only and used exclusively to ensure your safety)

HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____ HAIR: _____

NAME OF EMERGENCY CONTACT: _____

RELATIONSHIP (SPOUSE, ETC.) _____ PHONE: _____

ANY MEDICAL CONDITIONS WE SHOULD BE AWARE OF BEFORE STRENUOUS PHYSICAL ACTIVITY? (HEART CONDITION, JOINT/BACK, CHRONIC INJURY, MEDICATIONS, ETC)

BLOOD TYPE: _____ ALLERGIES: _____

DR'S NAME: _____ LOCATION: _____

CURRENT MEDICATIONS: _____

ANY OTHER INFO RELATED TO YOUR PARTICIPATION IN THIS COURSE, OR YOU WOULD LIKE TO DISCUSS IN PRIVATE – PLEASE WRITE LEGIBLY BELOW:

PLEASE COMPLETE THE FOLLOWING QUESTIONNAIRE:

	YES	NO
1. Have you ever been convicted of a Felony crime or Misdemeanor involving domestic violence or moral turpitude?	1 <input type="checkbox"/>	<input type="checkbox"/>
2. Are you currently under indictment or investigation for any crime where you could be imprisoned for more than one year?	2 <input type="checkbox"/>	<input type="checkbox"/>
3. Are you a fugitive from justice?	3 <input type="checkbox"/>	<input type="checkbox"/>
4. Are you subject to a court restraining order prohibiting you from harassing, stalking, or threatening an intimate partner or child?	4 <input type="checkbox"/>	<input type="checkbox"/>
5. Do you use unlawful drugs; improperly addicted to narcotics, depressants, stimulants; or a habitual user of marijuana?	5 <input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been judged mentally incompetent or committed to a mental institution?	6 <input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever been discharged from the Armed Services under Dishonorable conditions?	7 <input type="checkbox"/>	<input type="checkbox"/>
8. Are you illegally in the United States?	8 <input type="checkbox"/>	<input type="checkbox"/>
9. Have you illegally obtained or modified the firearms to be used in this training?	9 <input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever renounced your U.S. citizenship or supported any group or organization that advocates the overthrow of the U.S. Government?	10 <input type="checkbox"/>	<input type="checkbox"/>

I hereby affirm that all of the above information is true, complete, and accurate to the best of my ability. I have not knowingly concealed any information from Tactical Analysis Group, LLC. that might disqualify me from training or create risk or liability to others by my non-disclosure.

PRINT FULL NAME: _____

SIGNED: _____ DATE: _____