

# NRA PISTOL TRAINING

## Pre-Course Questionnaire

I have read the information on the NRA Basic Pistol Instruction Program on the previous page, and am interested in attending this course to prepare me to become a Missouri Concealed Carry Endorsement holder. Please fill out name as it appears on your Drivers License.

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

County: \_\_\_\_\_

Class date you are signing up for? \_\_\_\_\_

E-Mail: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

NRA Member? Y or N Status (Annual, Life, etc.) \_\_\_\_\_

Have you ever completed any formal firearms instruction? Y or N

How did you learn of this course? \_\_\_\_\_

A confirmation will be sent upon receipt of student background form and pre-course questionnaire along with \$120.00 per person non-refundable payment.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_