



# Training Application

Some classes may fill well in advance. We cannot confirm your space in a class until we have both your deposit and application.

Please read this application thoroughly and provide all requested information. We must have completed application, deposit for one half the tuition cost, and a copy of current driver's license. For Level II and Advanced Level Courses, we require a copy of your concealed carry license, proof of law enforcement or military profession or documentation demonstrating proof of law abiding citizenship.

**Course requested:** \_\_\_\_\_ **Class Date:** \_\_/\_\_/\_\_

**Name:** \_\_\_\_\_ **Application Date:** \_\_/\_\_/\_\_

Name by which you like to be called: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone (Home): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone (Work): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ Member of CAGC? \_\_\_\_\_

Prior firearm training: \_\_\_\_\_

Type of weapon you plan to use in class:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Caliber: \_\_\_\_\_

1. I enclose my deposit of 50% of course tuition to reserve my space in the class. (**Reservation fee is due upon submission of application with the remainder of the fees due 14 days in advance of the class desired.**) I will pay the balance upon registration. (If I must cancel out of a class, I will notify you at least fifteen days prior to beginning of class date. My deposit will be credited towards a future class. If I give less than fifteen days notice is given, I will forfeit my deposit.)
2. I agree to abide meticulously by any and all safety procedures required of me. I understand that my instruction may be terminated at any time during the course if I fail to cooperate with safety requirements. I further agree to sign a statement releasing the Defensive Options Group LLC from responsibility for any injury I may sustain during the training program.
3. In signing this application, I certify that I have never been convicted of any crime, at any time, in any jurisdiction. I further understand that any training I may receive from Defensive Options Group LLC shall only be used for defense against lethal threats.

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

Send the completed application with deposit to: The Options Group LLC, 2766A Bell Road, Montgomery AL 36117.