



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. Unless otherwise instructed by the host one copy of this form must be sent to the host and another copy to Colt with payment. Payment or purchase order must be sent to secure slot in course. Questions please contact Seth Bielucki at sbielucki@colt.com or fax 860-244-1352.

M-16/AR-15 Armorers School (\$450.00) 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 Section 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 or Emailed? Yes No Citizen of the USA? Yes No

\*THIS COURSE IS RESTRICTED TO ACTIVE LAW ENFORCEMENT, CORRECTIONS, MILITARY AND NUCLEAR SECURITY.

SYMBOL OF QUALITY SINCE 1836

