



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. Follow Hosts directions for signing up to the course. When directed by the host use this form to sign up for the course. The host must receive a copy of this form if one is filled out. Host has final say of attendance in course. Questions please contact Seth Bielucki at sbielucki@colt.com or fax 860-244-1352.

M-16/AR-15 Armorers School (\$400.00) 1911 Armorers School (\$350.00)

\$100 of registration fee is non-refundable should the student withdraw from the course.

Course Location:

Course Date:

[Empty text box for Course Location]

[Empty text box for Course Date]

Title/Rank

First Name

Last Name

[Empty text box for Title/Rank]

[Empty text box for First Name]

[Empty text box for Last Name]

Agency Name

[Empty text box for Agency Name]

Address

[Empty text box for Address]

City

State

Zip

Dept. Phone

Dept. Fax

[Empty text box for City]

[Empty text box for State]

[Empty text box for Zip]

[Empty text box for Dept. Phone]

[Empty text box for Dept. Fax]

Email Address

[Empty text box for Email Address]

ALL TUITION MUST BE PAID TO SECURE SLOT IN COURSE

Payment Information MC Visa Discover Check Dept. PO

Colt Defense, LLC Tax ID # 32-0031950

Credit Card #

Exp. Date

3 Digit Security Code

Amount

[Empty text box for Credit Card #]

[Empty text box for Exp. Date]

[Empty text box for 3 Digit Security Code]

[Empty text box for Amount]

Contact Name

Contact Phone

Contact Fax

[Empty text box for Contact Name]

[Empty text box for Contact Phone]

[Empty text box for Contact Fax]

Billing Address

City

State

Zip

[Empty text box for Billing Address]

[Empty text box for City]

[Empty text box for State]

[Empty text box for Zip]

Do You Want A Receipt Faxed? Yes No Citizen of the USA? Yes No

*YOU MUST CONTACT HOST BEFORE SIGNING UP FOR THE COURSE.

