



P.O. BOX 1903
DUNCAN, OK 73534
(580)470-9508
FAX (501)694-8113
SMFSOLUTIONS@YAHOO.COM

Please complete this form and mail with a check or money order to:
P.O. Box 1903
Duncan, OK 73534

Name: _____ Birth date: _____

Mailing Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Email: _____

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Please reserve a spot for me in the following class:

<u>CLASS</u>	<u>DATE</u>	<u>COST</u>
Oklahoma Concealed Carry	_____	\$55.00
NRA Basic Pistol Course	_____	\$75.00
Defensive Pistol I	_____	\$75.00
Defensive Pistol II	_____	\$100.00
Defensive Pistol III	_____	\$100.00
Women's Self Defense	_____	\$75.00
Defensive Night Shoot	_____	\$50.00
Defensive Rifle/ Carbine	_____	\$100.00
Defensive Shotgun	_____	\$50.00

For a complete listing of course dates and courses open for enrollment please check our website at www.smf-solutions.com, come by our store at 326 S. Hwy 81 in Duncan, or call 580-470-9508.

SMF can provide/ rent a pistol for beginning students. Will you be using SMF's or your own for this class?

SMF's

My own

1. Are you under indictment or have you ever been convicted of a felony?

Yes / No (circle one)

2. Are you now or have you ever been under treatment for any mental disorder?

Yes / No (circle one)

3. By signing below I certify that I am 21 years of age:

4. SMF Solutions operation depends upon the careful control of firearms by each student, and such control depends upon the wholehearted cooperation of its clients; therefore, I understand that my instruction may be terminated at any time during the course if the staff deems my cooperation or interpersonal behavior unsatisfactory:

5. I will abide meticulously by any and all safety procedures required at SMF Solutions, and I agree to sign a statement releasing SMF Solutions, LLC and all instructors from any and all injury I may sustain during the training program:

6. I understand that my deposit is non-refundable and non-transferable:

7. All applicable local, state and federal laws should be adhered to.

8. Enclosed is my deposit of \$25.00 to reserve my spot in the above course. The remaining tuition fees are to be paid on the day of class.

By my signature below, I agree and attest to the above statements.

Sign: _____ Date: _____

Please take the time and tell us how you heard about SMF Solutions, LLC:

_____ TV

_____ Newspaper

_____ Flyer

_____ Internet

_____ Other _____