



Defensive Pistol Class

Registration Form

Cost \$295 Per Person

ASK ABOUT OUR BRING A FRIEND DISCOUNT!

Bring your own refreshments, snacks and lunch. We will be taking a “working “lunch break because there is a lot of information to cover, small breaks will also be given.

Date of course you would like to attend_____

Location of Course_____

Name_____ Age _____

Address_____ Phone# _____

Email_____ Do You Need To Rent A Firearm? Yes No

Emergency Contact _____ Phone# _____

Signature _____ Date _____

In signing this application, I certify that I am at least (18) years of age and I attest that I am not legally prohibited from using or owning a firearm. I have also read and acknowledge the 5 class requirements listed on page 2 and initialed each.

For More Information Contact:

Sam Piccinini

Ph#724.405.7468

info@masterammo.com

CO-ED Defensive Pistol Class \$295.00
Mail check or money order and registration to:
Master Ammo Company, LLC 391 Deer Lane, Rochester, PA 15074
Enclosed is my non-refundable payment in full
(OVER)



Defensive Pistol Class

Class rules and requirements

These rules and requirements are non-negotiable. Failure to comply will prohibit your participation in the class.

1. I agree to abide by all safety procedures required by the class and to at all times act in a safe and courteous manner. To understand the consequences and potential risks involved in potential discharging firearms. I voluntarily wish to participate in the *Defensive Pistol Class* and agree to release Blue Line Firearms Training LLC, and Master Ammo Company from any responsibility or any injury sustained by me during the training program. INITIAL_____
2. Inappropriate behavior of any sort will not be tolerated. By signing this form I understand that I will be asked to leave the class with no refund if I conduct myself in any unsafe or inappropriate manner. I agree to conduct myself in a manner conducive to a learning environment, and I agree to be respectful of other students and instructors in the classroom and the range. . INITIAL_____
3. I agree to arrive at the class on time with **all** the required equipment and not under the influence of alcohol or drugs. I also understand that social distancing practices will be followed along with any other guidelines designated at the time by the Governor of Pennsylvania. INITIAL_____
4. **Equipment List-** Firearm with **(3)** magazines. Trousers with belt loops. Sturdy belt that can support the weight of the loaded firearm and magazine pouches. An outside the waistband holster. (250) rounds of ammunition. Ammo is available to purchase on site. Ballcap, Eye & ear protection. Wear appropriate clothing for weather conditions. NO low-cut shirts, tank tops, sandals or flip-flops. Please, if you have any questions contact us. The equipment is mandatory for full participation in the class. . INITIAL_____
5. This class is a defensive pistol class. Inherently, this type training requires the student to have no moderate physical restrictions or impediments including recent surgeries, injuries, doctors' orders and medications to fully and **safely** participate in the live fire portion of the training. Some considerations are: being able to stand for long periods of time, exposure to extreme temperatures, physical ability to maneuver, bend, and kneel with your firearm. This also includes a steep learning curve for new inexperienced shooters. Students should consider these factors as they apply to you, and before registering, contact us to discuss issues that you feel may impact you to make sure this class is a good fit for you. If for safety reasons or we feel your skill level is a hindrance to the class, we will recommend our basic course as a starting point to make sure you get the proper training that is best for **you!** INITIAL_____