

# DFTF, LLC / www.fitgny.com

## Registration Form & Receipt

▶▶▶ **Form BH-1: Basic Handgun Safety Course (For Pistol License)** ◀◀◀

Please complete this form and remit with full payment to:

**DFTF, LLC • PO BOX 426 • CLARK MILLS, NY 13321-0426 • Attn: BH-1**

**Contact:** Phone: **315-272-9502** • E-mail: **fitgroupcny@gmail.com**

Student: \_\_\_\_\_

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

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

Phone(s): \_\_\_\_\_ E-mail: \_\_\_\_\_

Course Date: \_\_\_\_\_

Please notify me by  **phone** **OR**  **E-mail** that my form has been received and approved.

### Course Fee

The completed registration form and full course fee payment is **due 21 days before the start date** of the course. We accept cash, personal checks, and money orders.

### Refund Policy

Any student who cancels a course before instruction begins, will receive a full refund. Failure to attend the course will forfeit all tendered fees, extenuating circumstances may apply.

**>>>> A Fee of \$100 will be charged on all returned checks <<<<<**

Course cost: \_\_\_\_\_ Method of payment:  Cash  Personal Check  Money Order

*(make check or money order payable to **DFTF LLC**)*

By my signature, I (student) verify that I have read, understand and agree to the conditions stated in this registration form.

Student name (print): \_\_\_\_\_

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

***A copy of the completed registration form will be given to the student when attending class***

*For office use only*

DFTF, LLC / www.fitgny.com Agent / Employee who verified student payment received and complete:

Printed Name: Michael V. French / Thomas P. Cimino

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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