

# DFTF, LLC / www.fitgny.com

## Registration Form & Receipt

### ▶▶▶ **Form CDHS-1: Consolidated Defensive Handgun Shooting** ◀◀◀

This form is **only** for # CDHS registration, and does not provide armed security guard certification.

Please complete this form and remit with deposit to:

**DFTF, LLC • PO BOX 426 • CLARK MILLS, NY 13221-0426 • Attn: CDHS**

**Contact: General inquiries by E-mail:** info@fitgny.com

**Specific inquiries:** Mike French • **E-mail:** mvfgun43@aol.com • **Phone:** 315-272-9502

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

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

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

Phone(s): \_\_\_\_\_

E-mail: \_\_\_\_\_

Course Date(s): \_\_\_\_\_

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

**> > > When attending class, applicant must present items 1 and 2:**

**1. (Driver's License OR Sheriff's issued ID) AND 2. (NYS Pistol Permit) < < <**

*> > > Students participating in these courses are expected to be in reasonable physical condition, capable of managing extended outdoor physical activity under various (and sometimes rapidly changing) environmental conditions. All firearms and supporting equipment (gun belts, holsters, mag pouches/ speed loader/pouches, etc.) used for this course must be approved by the instructor for function and safety, prior to attending class. If you have questions please call us. < < <*

NYS Pistol Permit # \_\_\_\_\_ County of Issue: \_\_\_\_\_ Date of issue: \_\_\_\_\_

Firearm to be used for course:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Cal: \_\_\_\_\_

### **Course Fee(s)**

The completed registration form and half of the 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. Withdrawal during or for failure to complete a course after it has begun, will forfeit all tendered fees (failure to appear at a scheduled course for which you have reserved a slot is considered failure to complete a course), extenuating circumstances may apply.

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

**Method of payment:**  Cash  Personal check  Money Order

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

**Course cost:** \$350.00 + \$150.00 Range Fee

**Total course cost:** . . . . . \$500.00

**Deposit** (half of total course cost): \_\_\_\_\_

**Balance:** . . . . . \_\_\_\_\_ (due on first day of class) Student initials: \_\_\_\_\_

I understand this course does not imply or provide NYS DCJS Armed Security Guard certification.

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.***

<p><i>For office use only</i></p> <p>DFTF,LLC / www.fitgny.com Agent / Employee who verified student payment received and complete:</p> <p>Printed Name: Michael V. French / Thomas P. Cimino</p> <p>Signature: _____ Date: _____</p>
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