

DFTF, LLC / www.fitgny.com

Registration Form & Receipt



Please complete this form and remit with full payment to:

DFTF, LLC • PO BOX 426 • CLARK MILLS, NY 13321-0426 • Attn: HR218

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.

NYS Pistol Permit # _____ (applicable if retired status)

Firearm(s) to be used for qualification(s):

Semi-automatic Make: _____ Model: _____ Cal: _____

Revolver Make: _____ Model: _____ Cal: _____

Course cost: **\$50.00**

Add \$30.00 for second firearm qualification with different action

Course Fee(s)

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. Withdrawal during or for failure to complete a course after it has begun, will forfeit all tendered fees, extenuating circumstances may apply.

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

Total 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: _____