

# MIDWEST TRAINING GROUP, LLC

## REGISTRATION FORM

Course: \_\_\_\_\_  
Instructor: \_\_\_\_\_  
Date: \_\_\_\_\_  
Location: \_\_\_\_\_  
Tuition: \_\_\_\_\_ (1/2 price for refreshers)

**As of March 1<sup>st</sup>. 2015 there will be a 3% processing fee for tuition payment via Visa and MasterCard .**

Please enroll me in the above course. **Enclosed is my full tuition.** I understand that thirty (30) days notification of cancellation is required to receive a full refund and with less than thirty (-30) days notice I will forfeit 1/2 of my tuition.

**As proof of good character I provide one of the following:**

1. \_\_\_\_\_ A letter of reference from a local official, i.e., Police Chief, Judge, etc.
2. \_\_\_\_\_ A letter from a practicing attorney stating that I have no police record or history of institutionalization for mental health.
3. \_\_\_\_\_ Proof of occupation in Law Enforcement.
4. \_\_\_\_\_ A current concealed carry permit or federal firearms license.
5. \_\_\_\_\_ FOID Card (Illinois residents only) **INCLUDE PHOTO COPY**

I agree to abide by any and all safety procedures required by Midwest Training Group and GUEST INSTRUCTORS, and agree to sign a statement releasing their employees, agents, and instructors from any responsibility for any injury sustained by me during the training program.

In signing this application I certify that I am at least eighteen (18) years of age or will be accompanied by a parent or guardian.

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/STATE: \_\_\_\_\_  
ZIP: \_\_\_\_\_ **E-MAIL ADDRESS:** \_\_\_\_\_ (so we can read it)  
PHONE: (Cell) \_\_\_\_\_ (H) \_\_\_\_\_  
FOID # \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_  
VISA/MC # \_\_\_\_\_ EXP. \_\_\_\_\_ 3-digit code \_\_\_\_\_

**CHECKS SHOULD BE PAYABLE TO: MTG**

Midwest Training Group  
Attn: Andy Kemp  
14368 N. Samhill Trail  
Hayden, Idaho 83835  
Email: [andy1911@imaxmail.net](mailto:andy1911@imaxmail.net) or call 208-771-3413

SIGN: x \_\_\_\_\_