## S.A.F.E. Course Registration Form:

1) Please reserve a space for course dated	r me in the, or if that's full, on				
2) Enclosed is my tuition of Tuition refunded with 30 days Confirm space in course with	s notice of cancellation.				
3) As proof of good characte:	r, I enclose one of the following:				
Police, Sheriff, Distantorney stating that	e from a local official, i.e., Chief of trict Attorney, Judge, or practicing t I have no police record or history of for mental health care.				
(b) A concealed carry pe	rmit or Federal Firearms License.				
(c) Proof of occupation :	in law enforcement field.				
SAFE I, Kubotan, Firearms Satisfied unsure, ask us.  4) I agree to abide by any and and I agree to sign a hold-had	on, I certify that I am at least 18 years				
DATE:/ SIGNATURE:					
Name:					
Mailing Address:					
City:					
State/Province:					
Country:					
Zip/Postal Code:					
Phone number:					
E-Mail address:					

Expiration date:

VISA

## VISA and MasterCard Gladly Accepted!

Comments:		
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Just Print Out This Form and send via the U.S. Mail to:

S.A.F.E. P.O. Box 864 Post Falls, Idaho 83877

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