

DEFENSIVE WARFIGHTER STRATEGIES

Training based on *Principles* Methods based on *Experience*

Class Registration Form



Legal Name: Last _____ First _____ Middle Initial _____
Agency/Company: _____
Mailing Address: _____ City: _____
State: _____ Zip Code: _____ Phone: _____
Email: _____

In accordance with ITAR regulations, all students must be a U.S Citizen to attend DWS LLC courses.

Course Information:

Class Title: _____

Date: _____

Supporting Documentation: Color Copy of item/s in one checked box is needed to complete enrollment.

Florida CWFL Statewide Firearms License Active Military CAC or Law Enforcement

Drivers License & Copy of no felony conviction letter (Background Check)

Documentation & Payment Information

- * Email the completed registration form & supporting documentation to Training@dwsllc.consulting
- * Be sure you have reviewed registration | cancellation policy on our web site.

Course Information

- * Be sure to read and understand the course outline & any prerequisites.
- * Grounds for removal from class: Unsafe acts/behavior or your skill level is not commensurate with the course.
- * Students will be reviewing and signing a Firearms Safety / Release of Liability.
- * All classes regardless of live fire or UTM based have a safety & medical brief prior to training.

Questions - Concerns - Comments

Sean Mariucci
941-586-1545
Sean@dwsllc.consulting

Signature _____ Date: _____

Student signature indicates that all information is correct and you have read and will comply with all enrollment policies, requirements and program information.

