



TROYSGATE, INC.



Troysgate Training Registration by Email

Complete the following information and return by email to Les Hoot, the Troysgate Training Coordinator - lhoot@troysgate.com. Les will follow up by sending you an email confirmation.

Select the Class Date (check the box that applies)

<input type="checkbox"/>	June 24 th , 2017
<input type="checkbox"/>	July 22 nd , 2017
<input type="checkbox"/>	August 26 th , 2017
<input type="checkbox"/>	September 23 rd , 2017
<input type="checkbox"/>	October 28 th , 2017
<input type="checkbox"/>	November 18 th , 2017
<input type="checkbox"/>	December 16 th , 2017

Your Full Name: _____

Your Email Address: _____

Your Phone Number: _____

Concealed Carry Information (check the box that applies)

<input type="checkbox"/>	Current Concealed Carry Permit Holder
<input type="checkbox"/>	Concealed Carry Training Certificate
<input type="checkbox"/>	No Permit or Training Certificate

Previous Firearms Training (check the boxes that apply)

<input type="checkbox"/>	Troysgate Training
<input type="checkbox"/>	Tactical Techniques
<input type="checkbox"/>	Advanced Firearms
<input type="checkbox"/>	Basic Firearms
<input type="checkbox"/>	No Previous Training

Job or Career (check the box that applies)

<input type="checkbox"/>	Military
<input type="checkbox"/>	Federal Government Enforcement
<input type="checkbox"/>	Law Enforcement
<input type="checkbox"/>	Armed Security
<input type="checkbox"/>	Other Weapons Carry
<input type="checkbox"/>	Not Applicable

Combat or Deadly Encounter Experience:

<input type="checkbox"/>	No
<input type="checkbox"/>	Yes

PTSD Concerns – Current or Past:

<input type="checkbox"/>	No
<input type="checkbox"/>	Yes

Questions, Comments or Special Instructions:
