

Troysgate Attendee Enrollment Form

When completing the Troysgate Attendee Enrollment Form, choose **ONLY ONE** of the acceptable **Proof of Identification** to fill out **ALL** the information requested on this form.

When you have completed filling out this form, download it and email it back to Randy Martin (rmartin@troysgate.com).

Please wait for a Troysgate Enrollment Confirmation email before you register for training.

Today's Date (MM/DD/YY):

Proof of Identification: (choose **Only One** of the following)

1. Driver's License:

State Issued (Abbreviation): Driver's License #:

2. State ID:

State Issued (Abbreviation): ID #:

3. United States Passport:

Passport #:

Full Name (as shown on the proof of ID you selected)

First Name:

Middle Name:

Last Name:

Date of Birth (MM/DD/YY):

Address (as shown on the proof of ID you selected)

Street:

City:

State (Abbreviation):

Zip Code:

Email:

Phone (999-999-9999):

Do you currently have a valid state issued concealed carry handgun permit? (Yes/No):

Can you legally/lawfully possess a firearm (handgun or long gun)? (Yes/No):