

TACTICAL CONFERENCE

February 20-22, 2015 (Friday – Sunday)

Registration Form

2015

Rangemaster Firearms Training Services, LLC
PMB 303, 1016 W. Poplar Ave., Ste. 106
Collierville, Tennessee 38017
www.Rangemaster.com

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (1): _____ Phone (2): _____

Email (please write clearly): _____

Please Check One: I plan to compete in the shooting match (day/time will be assigned).
Request to shoot with: _____

I do not plan to compete in the shooting match and will only be attending the conference seminars (same registration fee).

Shooting Category (check all that apply): Open Law Enforcement Lady N/A

If law enforcement, what agency? _____

REGISTRATION FEE: \$299.00 (NON-REFUNDABLE)
Fee includes shooting match, all training segments, and prize drawing.

Payment Method: Check by Mail (payable to "Rangemaster Firearms Training Services, LLC")
 Debit Card Visa MasterCard Discover

Card Information: Cardholder's Name: _____
Card Number: _____
Expiration Date: _____ CCV # _____
Cardholder's Signature: _____

PLEASE NOTE: THE REGISTRATION FEE IS NON-REFUNDABLE!

WAIVER AND RELEASE FROM LIABILITY

I, _____, wish to participate in the Rangemaster/Polite Society Tactical Conference and match, conducted on 20-22 February 2015, in Memphis TN. I recognize, understand and agree that participation involves the risk of serious injury or death, and I agree to follow all rules and procedures and to immediately obey all instructions from the range staff. I freely acknowledge the risks inherent in this activity and I accept full responsibility for my actions. In return for being allowed to participate, I hereby release and hold harmless from all liability for any injuries or damages Rangemaster Firearms Training Services, LLC and its officers, employees, and agents, as well as any guest instructors providing training at this event.

Signature: _____

Date: _____

Please direct all questions to: rangemaster.lynn@gmail.com.

OFFICE USE ONLY

Date Rec'd: _____

On DB: _____

Shoot Day: _____

Shoot Time: _____