

# Self Defense Concealed Carry Training, LLC

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## CWP Training Course Registration Form

**CWP Training Class:** \_\_\_\_\_ **Class Date:** \_\_\_\_\_

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Describe the firearm you will bring to the course:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Caliber: \_\_\_\_\_

Do you currently belong to any Gun Rights groups? \_\_\_\_\_  
(NRA, GrassRoots, Concealedcarryusa, Other)

Referred by: \_\_\_\_\_

Briefly state in your own words why you want to complete the CWP training:

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If you will need to borrow a handgun, hearing protection, or purchase ammunition please indicate: \_\_\_\_\_

If attaching check or money order, indicate number and amount here: \_\_\_\_\_  
Payable to James D. Jones, mail to: POBox 1002, Swansea, S.C. 29160

I have read and understand and agree with the course requirements, attached course information sheet and course registration form. Moreover, I hereby agree with my signature below to Hold harmless James D. Jones, Self Defense Concealed Carry Training, LLC, his heirs and associates from any Liability from myself or my heirs forever more as a result of accidents/injuries personal or physical associated with this training.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_