



PLEASE MAIL COMPLETED ENROLLMENT FORM
AND APPROPRIATE COURSE FEE, PAYABLE TO:
CITIZENS' SELF DEFENSE TRAINING
P.O. Box 11446
Glendale, Arizona 85318
Phone 623-670-3516, Fax 623-594-8521
Email: info@cstccw.com

SELF-DEFENSE COURSE ENROLLMENT FORM
PLEASE PRINT LEGIBLY

Name and Date of Course: _____

Your Name: _____

Residence Address: _____

Mailing Address (if different): _____

Date of Birth: _____ Phone Number: _____ Fax: _____

Email Address: _____

Firearm you plan to use:

Make: _____ Model: _____ Caliber: _____

PLEASE ANSWER YES OR NO TO ALL QUESTIONS:

- Yes No Are you a United States citizen?
 Yes No Are you lawfully present in the United States?
 Yes No Are you a legal resident of the state of Arizona?
 Yes No Are you at least 21 years of age?
 Yes No Are you currently under indictment for or been convicted of any felony or any misdemeanor domestic violence offense in the United States or elsewhere?
 Yes No Were you dishonorably discharged from the military?
 Yes No Do you suffer from mental illness and been adjudicated as mentally incompetent or committed to a mental institution?

Signature: _____ Date: _____