



MARION POLICE DEPARTMENT CHL CLASS REGISTRATION FORM



(Please Print)

Today's date:		County of Residence:			
PARTICIPANT INFORMATION					
Last name:		First:		Middle:	
Is this your legal name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is your legal name?	(Former name):	Birth date:	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:			Phone #:	Driver's License #:	
City:	State:	ZIP Code:	Email Address:		
Occupation:	Employer:				

CLASS INFORMATION	
<i>Entry into the class is not guaranteed until you receive confirmation by mail and your registration fee is paid. If your registration fee is not paid at least two weeks prior to the class, your spot will not be held. Classes limited to 10 participants.</i>	
Which class do you prefer to attend? <i>All classes are held on a Saturday from 8:00am to 4:00pm unless otherwise noted.</i>	
<input type="checkbox"/> October 28th <input type="checkbox"/> November 11th	
What type of handgun will you bring for the class?	
<input type="checkbox"/> .40 <input type="checkbox"/> 9mm <input type="checkbox"/> .380 <input type="checkbox"/> I need a loaner gun <small>Note: Ammo is supplied as part of the class fee and must be one of these calibers.</small>	
If you would like to attend the class with another person, please list them below. He or she will need to fill out a registration form also.	
How did you hear about the Marion Police Department CHL classes?	
<input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Facebook <input type="checkbox"/> Other If other, please describe:	

FELONY/MISDEMEANOR CONVICTION INFORMATION	
Are you disqualified for any reason from possessing a firearm? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please describe:	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please describe:	
Have you ever been convicted of a misdemeanor (other than a traffic ticket)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please describe:	

IN CASE OF EMERGENCY		
Name of local friend or relative (not living at same address):	Phone #: ()	Alternate Phone #: ()
The above information is true to the best of my knowledge.		
_____ <i>Participant's signature</i>		_____ <i>Date</i>

Return registration form and payment to Diane Patrick at the Marion Police Department, 233 West Center Street, Marion, Ohio 43302 or by email at dpatrick@marionohio.org. Checks should be made to City of Marion – LE Trust. Spots in each class are held on a first come, first serve basis with priority given to residents residing in Marion City and Marion County.