

Spartan Tactical Training Group, LLC

2012 CLASS REGISTRATION FORM

Name: _____
(Please print your name as you would like it to appear on your training certificate)

F.O. ID. Card # _____ Exp date: _____

CCW Permit # _____ Exp date: _____

Agency / Organization / Civilian : _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Phone Number: (___ ___) ___ - ___ - ___

Course Title: _____

Course Number: _____ Course Date(s): _____

Signature: _____ Date: _____

Method of Payment: Purchase Order Check Money Order Other _____
(check one)

Spartan Tactical Training Group, LLC

Attn: Class Registration
4340 Cross Street
Downers Grove, IL 60515

Office: (708) 207-2594
e-mail: jkrupa@teamspartan.com

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You WILL Fight The Way You Train! Train With Intensity. Fight To WIN!