

Spartan Tactical Training Group, LLC

2025 CLASS REGISTRATION FORM

Name: _____

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

Illinois F.O.ID. Card# _____ D.O.B. _____

or

Out-of-State CCW Permit# _____ Expires: _____

Agency / Organization / Citizen: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Phone Number: (____) ____ - _____

Course Title: _____

Course Number: _____

Course Date(s): _____

Signature: _____ Date: _____

Method of Payment: (check one)

Credit Card Invoice by E-mail

Purchase Order Check/Money Order Other: _____

**Complete this
form and mail to:**

**Spartan Tactical Training Group, LLC
Attn: Class Registration
4340 Cross Street
Downers Grove, IL 60515**

OFFICE USE ONLY:

Loaner Gun: _____ Type: _____

Ammunition: _____ Type: _____

Office: (708) 990-4367 • e-mail: teamsttg@aol.com • © Copyright 2004-2025

You WILL Fight the Way You Train! Train With Intensity and Fight to WIN!