

The Boom Store  
Ohio Concealed Carry Course  
Enrollment Form  
Course # \_\_\_\_\_ CCW  
Date: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Gender: \_\_\_\_\_

If NRA Member provide ID #: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Country/citizenship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ (Bring Picture ID to Class)

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Type of hand gun you will shoot during the course: \_\_\_\_\_

Caliber: \_\_\_\_\_

Registration Fee \$20 \_\_\_\_\_ (non-refundable)      Remainder of Course Payment \$80

\_\_\_\_\_

A minimum of ten people must be registered to conduct this class.

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Questions call 614-877-9007

customerservice@theboomstore.net

Mail or drop off registration form with payment to:  
The Boom Store  
7115 Stahl Road  
Orient, Ohio 43146

## Requirements

- Absolutely no ammunition is allowed in the classroom at any time. Please leave all ammunition in your vehicle.
- Handgun & 100 rounds ammunition (The Boom Store) has available for rent many different varieties of handguns & also has ammunition for purchase)
- Eye and ear protection (Provided for free if needed)
- Photo ID (driver license, state-issued ID, or passport) verified by \_\_\_\_\_

### **Initial that the following are true.**

\_\_\_\_\_ Not under indictment or been convicted of a felony in the U.S. or elsewhere

\_\_\_\_\_ Not convicted of misdemeanor domestic violence

\_\_\_\_\_ Not under court order (i.e. order of protection, harassment, etc.)

\_\_\_\_\_ Not a fugitive from justice

\_\_\_\_\_ Not a user of or addicted to any controlled substance

\_\_\_\_\_ Not been dishonorably discharged from the Armed Forces

\_\_\_\_\_ Have never renounced U.S. citizenship

\_\_\_\_\_ Do not suffer from mental illness and have not been adjudicated mentally incompetent or committed to a mental institution.

\_\_\_\_\_ (Females) I am not pregnant or nursing.

In Case of emergency please contact \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_