

# CCW CLASS QUESTIONNAIRE

Missouricew.com  
635 E. 1500 RD  
Sheldon, MO 64785

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ DOB \_\_\_\_\_

EMAIL \_\_\_\_\_ Class Date \_\_\_\_\_

(See calendar on web site)

Emergency contact person & phone number \_\_\_\_\_

\_\_\_\_\_

1) Do you have any disabilities/injuries that will prevent you from walking both up and down a hill during range time? Yes \_\_\_\_\_ No \_\_\_\_\_

2) Will you bring your own firearms to class? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what calibers? \_\_\_\_\_

3) Do you have an issue with being touched on your arms, back, shoulders during range time?  
Yes \_\_\_\_\_ No \_\_\_\_\_

4) Do you have any allergies to food, cats (bring your allergy meds) or any other allergies that we should be aware of that may affect you that day? If so, please explain:  
Yes \_\_\_\_\_ No \_\_\_\_\_

5) Is there anything we should know about you prior to class that would in any way effect the way in which we conduct the class? If yes, please explain \_\_\_\_\_

\_\_\_\_\_

6) What do you consider your level in experience with handguns? Never shot or handled one, very limited experience, beginner, intermediate, very experienced, competitive shooter?

\_\_\_\_\_

7) I have included a non-refundable deposit check made out to "Roy Weber" for \$50. Yes \_\_\_\_\_

9) You are returning this questionnaire and signed liability waiver to the address on the previous included page?  
Yes \_\_\_\_\_

9) Are you a member of the NRA? Yes \_\_\_\_\_ No \_\_\_\_\_

10) How would you like your name to appear on the certificate/what's your legal name?

\_\_\_\_\_