

Registration Form for NSSA Instructor Certification Courses

First Name: _____ Initials: _____ Last Name: _____

(This is how your name will be on your Certificate)

NSSA Number: _____ Date of Birth: _____ Today's Date: _____

Mailing Address: _____

City: _____

State/Prov.: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Class Instructor's Name: Bob LaRue

Class location: Central Okanagan Shotgun Sports Club

25 Joe Rich FRS Main, Kelowna, BC. Canada

Class Dates: April 23 – 24, 2022

Notes: _____

>If form is not legible you may not receive a certificate! Any questions call: 334-308-8363 for Ginger.

>Send a check for the amount of \$ _____, **made out to NSSA** for this class.

To: *Ralph Aaron*, #362, County Rd. 446, Daleville, AL 36322. Any checks written to Ralph will be returned! **OR You may email the form back to me and pay Stephanie Haga for the class with a credit card. Her number is 210-254-1534 Ext. 962. Let me know what you are going to do. As soon as I get your check or know you paid HDQS, you will be fully signed up for the class and I will inform your instructor.**

Ralph P. Aaron,
NSSA Chief Instructor