

KAPAP ACADEMY LLC.

Course Registration Form

Please read and complete this form carefully. Please print legibly. If you have any questions, call KAPAP ACADEMY at (201) 310-6707, or fax at (201) 343-7231

Some of our courses have prerequisites. Please read the course descriptions to determine if you qualify to register for that course.

Pre-registration is required to reserve your spot, Credit card (by PayPal) check, or money order. Please do not send cash by mail

Personal Registration Information

Name: _____
Address: _____ Apt/Unit: _____
City: _____ State: _____ Zip Code: _____
Daytime Phone: _____ Evening Phone: _____

Please describe your previous firearms training experience: _____

Deposit Information

Enclosed is: \$_____ to (check one) Place a 50% Deposit Pay in Full
Course Title: _____ Date(s): _____
I am paying with: Credit card (PayPal), Check, Money Order (Please enclose check or money order.)

I understand that I cannot participate in any KAPAP ACADEMY Firearms courses if federal or state law prohibits me from purchasing and possessing firearms. I am not prohibited by federal or state law from purchasing or possessing firearms.

Signature: _____ Date: _____

Print and Fax or mail this form to:

KAPAP ACADEMY LLC, P.O.Box 4027, River Edge NJ, 07661, USA

Tel: (201)310-6707 Fax: (201)343-7231