

NROI LEVEL I SEMINAR APPLICATION

PLEASE PRINT CLEARLY--Certification information is taken directly from this application.

Name: _____ USPSA No: _____ Exp. Date: ___ / ___ / ___

Date Of Birth ___ / ___ / ___

Address: _____

City, State, Zip: _____ Home Phone: _____

Email: _____ Work Phone: _____

Club Affiliation: _____ Location: _____

IPSC Shooting Experience: _____

Why do you want to attend this seminar? _____

Applicant Signature: _____ Date: _____

Please Note:

Seminar fee must be included with this application and USPSA Membership is mandatory for seminar attendance.

NROI USE ONLY

Seminar Location: _____ Date: _____

Instructor: _____

Final Exam Score: _____

Recommendation to Certify: () Yes () No

Instructor's Signature and Date

Comments: _____
