



Clarion County Sheriff's Office Basic Pistol Class Sign-up Form

Name: _____

Address: _____

Phone Number: _____

Email: _____

Date Of Birth: _____ Age: _____

Do You Have a Concealed Carry Permit: Y N

Concealed Carry Permit Number: _____

Describe your experience level with a handgun: _____

Please provide the following info on the pistol will you bring to class:

Manufacturer:(e.g. Ruger, Smith&Wesson, etc.) _____

Model:(e.g. LCP, Model 38, etc.) _____

Caliber:(e.g. .380, 9mm, .357, etc.) _____