



COMBAT DYNAMICS GROUP

Creating Dangerous Americans

Course Application

Legal Name: _____ DOB: _____

Name you'd like to be called by on the range: _____

Street Address: _____

City _____ State: _____ Zip: _____

Occupation: _____

Cell phone: _____ Email: _____

Home Phone: _____ Work Phone: _____

Emergency Contact Name: _____ Phone: _____

Course Name: _____ Dates: _____ Cost: \$ _____

Describe your firearms training in the last 5 years (detail, please): _____

By my signature on this application, I state that I have no criminal convictions that would, under applicable law, prevent me from possessing a firearm. I further state that I have no history of mental illness or substance abuse. I understand that my training may be terminated at any time during the course if my actions are not deemed appropriate by CDG's staff. Upon arriving at the course, I agree to sign a document releasing Combat Dynamics Group from any liability that may occur during the course of training or thereafter. I understand that if my training is terminated I am not entitled to a refund. I further understand that my tuition is non-refundable without 90 days advance notice of cancellation.

I attest under penalty of perjury that the information provided above is true and correct

Applicant's signature: _____ Date: _____

Make your check or money order payable to:

Quest Venture Group, LLC
6471 S Homestead Rd. #2
Pahrump, NV 89061

You will receive email notification when your funds are received. If you send a check you will not be officially signed up for the course until your check clears. Your application and payment must be received by CDG no later than 14 days prior to the course date. If your check has not cleared by the date the course begins, you will not be participating in the training.