



Thank you for choosing Stage Stop Gun Shop for your training needs!

***To reserve your spot you must pay for the class first by calling 209-358-4867.**

Please fill out the following form and return it to us at least three days prior to your class by emailing to range@ssgs.us or bring it into the shop.

Beginner Shooter Class Class Date: _____ Class Time: _____

You will need: Eye & Ear protection.

Beginner Shooter II Class Class Date: _____ Class Time: _____

You will need: Your own firearm, 150 rounds of ammunition, 2 magazines for your firearm, snap caps for your firearm, eye and ear protection.

CCW New Applicant (8 hour class) Class Date: _____ Class Time: _____

You will need: your ID, pistol (max. 3), eye and ear protection, 100 rounds of ammo, 2 mags & holster (per firearm)

CCW Renewal (4 hour class) Class Date: _____ Class Time: _____

You will need: your ID, pistol (max. 3), eye and ear protection, 100 rounds of ammo, 2 mags & holster (per firearm)

CCW Advanced (4 hour class) Class Date: _____ Class Time: _____

You will need: Pistols, 200 rounds of ammunition per firearm, eye and ear protection, holster, and extra magazines

Intermediate Shooter Class Date: _____ Class Time: _____

You will need: eye and ear protection, a firearm, a formed exterior hip holster, a magazine pouch, 3 magazines, 200 rounds of ammunition, and snap caps of the same caliber of the firearm being used.

No low cut shirts or open toe shoes will be allowed in the range. If you have not already done so, please sign the range waiver prior to your class.

Waiver: go to www.stagestopgunshop.com, click the orange tab at the bottom that says "sign our waiver", click "shooting range waiver". Fill it out and it will submit electronically

****Should you need to cancel/request a different date, we ask that you do so at least 72 hours prior to your scheduled class to enable us to fill your spot. No shows or cancellations with less than 72 hours notice will not be eligible for a refund.**

Initial Acknowledgement: _____

Name: _____ DOB: _____ Phone #: _____ Email: _____

Signature: _____ Date: _____