

GROUP REGISTRATION FORM
LAKESIDE SECURITY TRAINING

Name: _____

Email: _____

Address: _____

Phone #: _____

Type of Class: *(Circle One)* Basic Pistol or Conceal Carry

Date Range Requested: _____

A class of 6 is required. A \$100 deposit must be paid before the class will be scheduled.

Groups of 6 or more will be given a reduced rate of \$60 per participant.

Deposit can be paid on the registration page.

After group registration and deposit are received we will set up the class date and post it on our website so that each person can register.

Contact Lee Wallace at 785-640-0875 or Susan at 785-231-7253