



Remington®

LAW ENFORCEMENT & FEDERAL AGENCIES



FIELD SCHOOL REGISTRATION FORM

Please complete ALL information for each attending student & print legibly

EACH STUDENT MUST BRING THE SPECIFIC POLICE STYLE MODEL FIREARM TO WORK ON DURING CLASS EXCLUDING THE MODEL 700.

REGISTRATION: To tentatively reserve your seat this registration form must be completed and mailed or faxed to Remington Arms Company, Inc. and the Host Agency (Fax number can be found on www.remingtonle.com) Tuition must be paid in full in order to guarantee a seat in the class. This form may be reproduced as necessary; however, a separate copy is required for each attending student. International students must submit their registration & a copy of their passport to remington 10 weeks prior to the 1st day of class, in order for remington to apply and receive an export license for that student.

Course Dates Requested: _____ **Location:** _____ **Students Full Name:** _____

Email: _____ @ _____ **Please Provide a valid email address as Confirmation will be via email

PROFESSIONAL INFORMATION

Dept/Agency Name » _____ Valid Work Phone » _____
Mailing Address » _____ Valid Work Fax » _____
City » _____ State/Province » _____ ZIP/Postal Code » _____ Occupation/Rank » _____

LATE PAYMENTS/REFUNDS :

Requests for refunds must be submitted in writing no less than 30 days prior to scheduled class. There will be a \$100.00 administration fee for any cancellations received less than 30 days prior to the scheduled class. Failure to show for the scheduled class will result in a charge for the entire tuition. Payments Received less than 45 days prior to class will result in a late payment fee of \$50.00. Students must attend the entire course and payment must be received in order for the Student to receive his/her Certificate.

CREDIT CARD CHECK ELECTRONIC FUNDS TRANSFER PURCHASE ORDER

Billing Address (if different from Dept Address): _____

Name on Card: _____ Type of Card _____

Card Number: _____ Card Expiration: _____

Purchase Order Number: _____ Billing Contact #: _____

*Authorized Signature: _____ *Print Name: _____

***REQUIRED AUTHORIZATION FOR STUDENT TO ATTEND ARMORERS COURSE AND GUARANTEE PAYMENT**

REGISTRATION FORMS MUST BE FAXED TO BOTH **REMINGTON 336.548.8774** and the **HOST AGENCY**

ALL CORRESPONDENCE AND PURCHASE ORDERS SHOULD BE SENT TO:

REMINGTON ARMS CO., ATTN: Armorer School Admin

PO Box 700 Madison, NC 27025

tel: 800-243-9700 fax: 336-548-8774 email: letraining@remington.com

all payments are to be in US Funds payable at least 45 days in advance with invoice attached.
Remington's Tax ID# 51-0350935