



STL SharpShooter
8135 Gravois Road
Saint Louis, Missouri 63123
(314) 353-2264

STUDENT INFORMATION FORM

Class Date Attended: _____

(Please print your FULL, LEGAL NAME and address where you reside)

First: _____ MI: _____ Last: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Do you live in St. Louis COUNTY? [] YES [] OTHER (where) _____

Date of Birth: _____ Phone Number: _____

Email Address: _____

Driver's License Number: _____

Social Security Number (optional): _____

OFFICE USE ONLY

Gun qualified with:

[] Semi-Auto [] Revolver

Certificate issued

Caliber qualified with: _____

RsMO 563 handout issued

Qualification score: _____ out of 20

RsMO 571 handout issued

Safety Instructor Form:

Signed Range Indemnity Form

[] St. Louis County [] Missouri