

C.A.P.S. Registration Form

Central Academy of Practical Shooting
P.O. Box 14
Granger, Iowa 50109

Name: _____

Address: _____

City, State, ZIP: _____

County: _____

Telephone: _____

e-mail: _____

Date of birth: _____

Gun to be used in class: _____

Class requested: _____

Class Date: _____

Amount enclosed

- Non-Professional Permit - **\$85.00**
- Professional Permit - **\$85.00**
- Re-Qualification - **\$30.00**

Mail completed form and check to:

C.A.P.S.
P.O. Box 14
Granger, Iowa 50109