



Rapid Deployment
Awareness
Intervention
Decisiveness
EMS
Recovery

CLASS REGISTRATION FORM

NAME: _____

ADDRESS: _____

PHONE NO.: _____

MOBILE NO.: _____

EMAIL ADDRESS: _____

AGENCY NAME: _____

ADDRESS: _____

PHONE NO.: _____

LOCATION OF CLASS: _____

DATE OF CLASS: _____

Please fill out and send form via email to:

JC Tactical, LLC

c/o Chris Pattie

cpattie@raidertraining.com

(440) 785-8733

www.RaiderTraining.com