

2010 Schedule of NRA Pistol Courses at *Lower Providence Rod & Gun Club*

- **2010 NRA Basic Pistol Courses (3 classes)**

- **Cost:** \$95.00
- **Duration:** 2 days
- **Location:** Indoor Range

	Day 1 (Monday)	Day 2 (Thursday)
Class 1 - April	19th , 6:00-9:30PM	22nd , 6:00-9:30PM
Class 2 - May	17th , 6:00-9:30PM	20th , 6:00-9:30PM
Class 3 - August	16th , 6:00-9:30PM	19th , 6:00-9:30PM

- **2010 NRA Personal Protection Courses (2 classes)**

- **Cost:** \$150.00
- **Duration:** 4 days
- **Location**
 - **Law Segment (Day 1):** Old Clubhouse (no equipment required)
 - **Monday and Thursday (Day 2 and 3):** Indoor Range
 - **Saturday (Day 4):** Starting on the Outdoor Range

Law Segment

	Day 1
Class 1 - June	8th , 7:00-10:00pm
Class 2 - September	8th , 7:00-10:00pm

Live Fire Classes

	Day 2 (Monday)	Day 3 (Thursday)	Day 4 (Saturday)
Class 1 - June	14th , 6:00-9:30PM	17th , 6:00-9:30PM	19th , 8:00-1:30PM
Class 2 - September	13th , 6:00-9:30PM	16th , 6:00-9:30PM	18th , 8:00-1:30PM

Registration Procedure

- Complete this registration form
- Send the form **with payment** to Bill Walker (address below)
 - Forms submitted without payment will **not** be accepted
 - **Payment is non-refundable**
 - Make check payable to: **Lower Providence Rod & Gun Club**
- When this completed form **and payment** is received:
 - Within 4 weeks you will receive via physical mail written confirmation of your enrollment status in the courses you have selected
 - If an e-mail address is provided, you will be notified immediately via e-mail of your enrollment status in the courses you have selected
- Positive enrollment status will include the dates of the courses you have selected as well as what you must bring to each course
- You are not enrolled in any course until you receive written confirmation

For more information, please contact **Bill Walker, NRA Pistol Course Administrator:**

Bill Walker
43 Stardust Drive
Holland, PA 18966-2747
Phone: (215) 579-7502
E-mail: wewalker3@verizon.net

Name: _____ Club ID No: _____
Street: _____
City: _____ State: _____ Zip: _____
Phone Day: _____ Phone Evening: _____
Email: _____

Check Requested Course(s):

Basic Pistol

___ April

___ May

___ August

Personal Protection

___ June

___ September

This box for Administrator use only

Check No: _____ Received: _____ Submitted: _____