



I.C.E.
T R A I N I N G

Course Title: _____

Course Date: _____ to: _____ Location: _____

Name of Student: _____

Address: _____

Street: _____ Cell #: _____

City: _____ Home #: _____

St/Zip: _____ Work #: _____

Email: _____

How did you hear about the course?: _____

Have you received related training previously?: Yes No

If yes, please explain: _____

Course Cost: _____ USD 25% Deposit Required: _____ USD
(Deposit due at time of Registration)

Payment via Credit Card: CC# _____

Expiration Date: _____ Billing Zip Code: _____ Full OR Deposit

OR online at www.icetraining.us under Store and Tuition

By signing this document, I acknowledge the following:

1. I understand that Firearms, self-defense and Tactical Training courses are potentially dangerous and that I am responsible for my own safety and the safety of others while participating in this course.
2. By participation I am agreeing to follow all instruction and obey all safety policies and procedures.
3. I have discussed or reviewed the course equipment and prior training requirements and will be in compliance with them at the time of course.
4. No portion of my deposit will be refunded if I, for any reason, do not attend the course. I.C.E. Training Company may apply the deposit to the cost of another course.
5. I am not under any legal restriction barring my access to or possession of Firearms and Tactical Training.

Student Signature _____

(Type Name for Online Registration)

Please email or fax the registration to contact listed below. Thank you for choosing I.C.E.!

P.O. Box 1061, Virginia Beach, VA 23451
Phone: 970 209 8092
Fax: 757 257 0050
info@icetraining.us