

Name of Student [please print]

C.R.I.

Counter Terrorism Training School, Inc. 1721 Stocker Street



1721 Stocker Street North Las Vegas, NV 89030 702-222-3489 www.critraining.com

Student Information

		Student In	· Oi iiia		
Student Name (Last, F	Date of Birt	th	Age	Gender	
Address		City/State	City/State		Zip code
Telephone Number		Alt. Numbe	Alt. Number Email Address		1
Name of Emergency Contact(s)		Emergency	Emergency Contact Number		Relationship
		Program In	ıforma	<u>tion</u>	
Course Title: Drone Business				Start Date	End Date
		<u>Tuit</u>	ion		
Tuition:			\$950.00		
Deposit (applied to cost of course):			\$150.00		
Background Check Fees:			N/A		
Miscellaneous Expenses:			N/A – all equipment and lunch meal provided during course		
Total Cost of Program:			\$950.00		
	Stu	ıdent Ackno	wledg	<u>ements</u>	
and its instructors have take raining I agree to hold harm	n all safety precaution less C.R.I. from any direct, consequentia	ons necessary to in and all claims, de I, special or other	nstruct in emands, a similar da	a safe manner with reg actions and cause. In no amage arising during th	n a safe environment. C.R.I. lards to all trainees. During o event shall C.R.I. be liable fo e training course or any time .R.I.
					Student Initials
My signature below signifies responsibilities in regard to t	that I have read and his contract.	d understand all as	spects of	this agreement and do ı	ecognize my legal
Signed this day	of	, 20			

Signature of Student

Date