



**TAC PRO SHOOTING CENTER**

**TACTICAL PROFESSIONALS INC.**

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**LTC Course Registration Form**

Name: \_\_\_\_\_

**Last**

**First**

**Middle**

TX DL# \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Month Day Year**

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Class \_\_\_\_\_

\_\_\_\_\_ Full Class

\_\_\_\_\_ Shooting Proficiency Only

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