



## Eagle Rock Gun School and Range Course Application

Class Title: \_\_\_\_\_

Class Date: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Mail completed application with payment at least 2 weeks in  
advance to:**

**Eagle Rock Gun School and Range  
1795 W Broadway St. PMB 13  
Idaho Falls, ID 83402**