



**EAGLE ROCK**  
GUN SCHOOL & RANGE

## Course Application

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

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

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

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

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

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

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

Amount Paid: \_\_\_\_\_

**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, Idaho 83402**