



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**