

Defiance Area Fish and Game Association, Inc.  
Registration for Concealed Carry (CCW) Class

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

Street: \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_\_  
                  Month      Day      Year

Registration for Date: \_\_\_\_-\_\_\_\_-\_\_\_\_

*Check website for available dates.*

*Mail this registration and \$100.00 payment made out to **Defiance Area Fish and Game**  
to:*

*SCS Training of Ohio  
Attn: Chris Stack  
14839 Power Dam Rd.  
Defiance, OH 43512*