



# Spartan Tactical Training Group, LLC

## 2010 CLASS REGISTRATION FORM

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

(Please print your name as you would like it to appear on your training certificate)

Rank / Title: \_\_\_\_\_

Agency / Organization: \_\_\_\_\_

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

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

Phone Number: (     )-     -     -     -

Fax Number: (     )-     -     -     -

E-mail Address: \_\_\_\_\_

Course Title: \_\_\_\_\_

Course Number: \_\_\_\_\_ Course Date(s): \_\_\_\_\_

Method of Payment:  Purchase Order  Check  Money Order  Cash  
(check one)

Signature: \_\_\_\_\_ Date \_\_\_\_\_

### Spartan Tactical Training Group, LLC

Attn: Class Registration  
4951 Indiana Avenue, Suite 100  
Lisle, Illinois 60532-3818

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***You WILL Fight The Way You Train! Train With Intensity. Fight To WIN!***