

# **Spartan Tactical Training Group, LLC**

## **2026 CLASS REGISTRATION FORM**

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

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

Illinois F.O.ID. Card# \_\_\_\_\_ D.O.B. \_\_\_\_\_

*or*

Out-of-State CCW Permit# \_\_\_\_\_ Expires: \_\_\_\_\_

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

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

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

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

Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

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

Course Number: \_\_\_\_\_

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

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

Method of Payment: (check one)

Credit Card Invoice by E-mail

Purchase Order      Check/Money Order      Other: \_\_\_\_\_

**Spartan Tactical Training Group, LLC**

**Complete this  
form and mail to:**

**Attn: Class Registration**

**4340 Cross Street**

**Downers Grove, IL 60515**

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### **OFFICE USE ONLY:**

Loaner Gun: \_\_\_\_\_ Type: \_\_\_\_\_

Ammunition: \_\_\_\_\_ Type: \_\_\_\_\_

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**You WILL Fight the Way You Train!    Train With Intensity and Fight to WIN!**