



CENTER MASS COMBAT TACTICS LLP.

“Train Hard; No Excuses”

Application for Training

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

PHONE #: _____

Email: _____

Class you are applying for: _____

Do you meet the prerequisites listed on the website (may not apply) Y___ N___

Month/ Year of class: _____

Previous CMCT Training Completed _____

1. Have you ever been convicted of a felony? (Write Yes or NO): _____

2. Do you have any medical conditions/ Injuries that would preclude you from physical activity that our medics should be aware of?

A check, money order, or cash deposit in the full amount of the class is required to accompany this application. Follow on information concerning locations, times, equipment lists, etc. will be sent approximately a week prior to the class. CMCT reserves the right to approve or deny any training request, as they deem necessary. This form should be physically mailed OR scanned and emailed to register@centermasscombattactics.com . Payment can be mailed to: Center Mass Combat Tactics, PO Box 7 Charlestown, MD 21914