CT PISTOL PERMIT LESSON PLAN TRACKING SHEET

CLASS NAME:		
PRIMARY INSTRUCTOR NAME:		
PRIMARY INSTRUCTOR CT PERMIT #:		
PRIMARY INSTRUCTOR ADDRESS (street/city/state):		
PRIMARY INSTRUCTOR EMAIL ADDRESS:		
PRIMARY INSTRUCTOR PHONE NUMBER:		
DO YOU WISH TO HAVE YOUR CONTACT INFORMATION LISTED ON OUR PUBLIC WEBSITE?		
YES	NO	
IF YES, WHAT PHONE NUMBER AND/OR EMAIL WOULD YOU LIKE LISTED ON OUR WEBSITE?		
WHAT IS THE PRIMARY TOWN YOU WILL BE TEACHING OUT OF?		
PLEASE LIST ANY OTHER INSTRUCTORS TEACHING THIS COURSE:		
FIRST NAME	LAST NAME	CT PERMIT #