

<input type="checkbox"/> Youth Online Firearm Safety W / All Day Range & Field Day	<input type="checkbox"/> Advanced Hunter Ed.(18Hr)	<input type="checkbox"/> Youth Snowmobile Classroom
<input type="checkbox"/> Firearm Safety Classroom/Field Day	<input type="checkbox"/> Bow Hunter Ed.	<input type="checkbox"/> Youth Snowmobile CD Course
<input type="checkbox"/> Adult Independent Study Field Day	<input type="checkbox"/> Clinic (Type) _____	<input type="checkbox"/> ATV Course

Principal Instructor Name & #: _____

County & Number: _____

Enter **FULL LEGAL NAME** of each student. Mail original roster in the enclosed mailer within **five days of the class completion**. Instructor retains the yellow copy.

STUDENT'S FULL LEGAL NAME and *Driver's License Number (if applicable)				Date of Birth			Sex	*Eth/Dis Code	ADDRESS (No. & Street, RFD, Box No. City, Zip Code)	Pass Fail
LAST	FIRST	FULL	MIDDLE	MM	DD	YY	M/ F	(use only the student's mailing address)	P/F	
1	* DL # =									
2	* DL # =									
3	* DL # =									
4	* DL # =									
5	* DL # =									
6	* DL # =									
7	* DL # =									
8	* DL # =									
9	* DL # =									
10	* DL # =									
11	* DL # =									
12	* DL # =									

DISTRIBUTION: White - Safety Training Office Yellow – Instructor

* The following information is provided voluntarily to assess the variety of individuals we are serving through our education programs.
Ethnic Background: AA - Asian American; BL - African American; C - Caucasian; H - Hispanic; NA - Native American O – Other
Disability: E - Emotional; H - Hearing; M - Motor; MU - Multiple; S - Sight