

<input type="checkbox"/> Firearm Safety Classroom/Field Day <input type="checkbox"/> Youth Snowmobile Classroom <input type="checkbox"/> Youth Online Firearm Safety/Field Day <input type="checkbox"/> Youth Snowmobile Online <input type="checkbox"/> Adult Independent Study <input type="checkbox"/> Adv. Hunter Ed <input type="checkbox"/> ATV Online <input type="checkbox"/> Clinic (Type) <input type="checkbox"/> Bow Hunter Ed	<b>Principal Instructor Name &amp; Number</b> <b>County &amp; Number</b> <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>
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Enter **FULL LEGAL NAME** of each student. Mail original roster in the enclosed mailer **within five days of the class completion**. Instructor retains one copy.

	STUDENT'S FULL LEGAL NAME			DATE OF BIRTH			Gender/ Ethnic / DB			ADDRESS (No. & Street, RFD, Box No.)	City	Zip	P=PASS F=FAIL
	LAST	FIRST	FULL MIDDLE	Month	Day	Year	M/F	Code	Code				
1.													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													
11.													
12.													

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