

Education Class Roster (B)

Online Firearm Safety Field Day

Advanced Hunter Ed (18hr)

Youth Snowmobile Safety Classroom

Principal Instructor Name & #

Firearm Safety Classroom/Field Day

Bow Hunter Ed

Youth Snowmobile Safety Online Course

Clinic (Type) _____

Youth ATV Safety Online Course

County and Number

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

STUDENT'S FULL LEGAL NAME

Date of Birth

Sex

***Eth/Dis Code**

ADDRESS (No. & Street, Box No., City, Zip Code)
(use only student mailing address)

Pass
Fail
P/F

LAST

FIRST

FULL MIDDLE

Month-Day-Year

M/F

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

* 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