|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ] Firearm Safety Classroom/Field Day [ ] Youth Snowmobile Classroom[ ]  Youth Online Firearm Safety/Field Day [ ]  Youth Snowmobile Online [ ] Adult Independent Study [ ] Adv. Hunter Ed [ ] ATV Online [ ] Clinic (Type)       [ ]  Bow Hunter Ed  | **Principal Instructor Name & Number County & Number**

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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.

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