|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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**   |  |  |  | | --- | --- | --- | |  |  |  | |

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#** |  |  |  |  |  |  |  |  |  |  |  |