



## Class Fee Form

Name: \_\_\_\_\_

Class: \_\_\_\_\_

Date Of Class: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_

Deposit:

Paid Full Amount:

Phone Number: \_\_\_\_\_

Mail To:  
Southeast Texas Firearms Training  
3819 Meeks Dr Apt. #F3  
Orange Texas 77632