



Glen Wong
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Name: _____

Email: _____

Phone: _____

Your Shooting Experience **Beginner**__ **Intermediate**__ **Advanced**__

Do you shoot competitively? _____

Highest USPSA or IDPA classification: _____

How often do you practice? _____

Describe a typical practice session: _____

Firearms you will be using in our session(s): _____

Describe your goals for our session(s): _____

Please email completed form to glen@shootmobetta.com