



Austin • Dallas • Houston • San Antonio  
 School License #F04156101

## ENROLLMENT AGREEMENT

Student Information:

Name: \_\_\_\_\_ SSN: XXX -- \_\_\_\_\_ -- \_\_\_\_\_

Address: \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Information:

Name: \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

*Check appropriate boxes:*

Course:	Top Gun Academy:	Payment Type:
<input type="checkbox"/> Level II	<input type="checkbox"/> Houston	<input type="checkbox"/> Cash
<input type="checkbox"/> Level III	<input type="checkbox"/> North Houston	<input type="checkbox"/> PayPal
<input type="checkbox"/> Level IV	<input type="checkbox"/> Austin	<input type="checkbox"/> Payroll Deduction*
<input type="checkbox"/> Requalification	<input type="checkbox"/> Dallas	<input type="checkbox"/> Credit Card*
<input type="checkbox"/> Other:	<input type="checkbox"/> San Antonio	<input type="checkbox"/> Discount**
**Discount Type: _____		

*\*additional authorization form required*

I, \_\_\_\_\_ understand that I am enrolling in the course checked above and that the cost of the course is \$\_\_\_\_\_ (non-refundable). I further understand that I am taking the above course free of coercion and in order to gain knowledge in the field of security. I understand that my taking this course does not bind or obligate security agencies to hire me in any form or represent that I will be hired with any agency in any form. I also understand that this course will not license me as a security officer.

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

Office Contact Information:		
Houston	281-335-3641	robin@topgunsecurityservices.com
San Antonio	210-880-9628	robin@topgunsecurityservices.com
Dallas	214-761-3230	robin@topgunsecurityservices.com
Austin	512-598-6705	robin@topgunsecurityservices.com