

# Tactical Evolutions

## Customer Contact Survey

The purpose of these questions is to obtain your level of experience. What you want to learn from the class. Basic information to help us help you more efficiently. You are not required to answer all the questions. The more you provide the better our services. Thank you.

1. Name \_\_\_\_\_(First and Last)

2. Age

1. Contact information.

- o Cell
- o Email
- o Address

(Used to contact you)

3. Do you own a fire arm.

1. If so please provide

- Make \_\_\_\_\_
- Model \_\_\_\_\_
- Caliber \_\_\_\_\_

1. How long have you owned it.

How often do you shoot. \_\_\_\_\_

Primary Use.

- Home defense
- Recreational
- Hunting
- Disaster Preparedness

4. Do you have any formal firearms Training?

If so list Class and instructor

1. \_\_\_\_\_

2. \_\_\_\_\_

5. What are you expecting out of this class/training.

- Basic firearms handling / Safety
- Marksmanship

- Malfunctions Clearing

Type 1 2 3

Shooting while on the move (multiple targets)?

- o Other.

6. Have you researched firearms classes. If yes, where have you looked.

- NRA
- Frontsite
- Valhalla
- 
- 

7. Do you plan on purchasing a Firearm in the next 6 months?

- o If yes what are you looking for?

\_\_\_\_\_

8. Do you have any concerns about attending a Firearms class? \_\_\_\_\_

9. Do you have any Medical limitations that we need to be aware of or take into consideration?

10. What are your expectations after completing this course?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Are you participating in a group class?

1. Name of Group. \_\_\_\_\_

2. Number in your party. \_\_\_\_\_