



Print this Form / Then Mail or Fax to:  
Progressive Combat Solutions  
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Email: [info@progressivecombat.com](mailto:info@progressivecombat.com)

Toll Free: **800-399-4580**

## REGISTRATION FORM

\_\_\_\_\_  
Course Name

\_\_\_\_\_  
Course Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address 2

\_\_\_\_\_  
Department or Agency

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Other Contact Number(s)

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Email

\_\_\_\_\_  
Credit Card Holder's Name as it Appears on the Card (PRINT)

\_\_\_\_\_  
Credit Card Holder's Phone

\_\_\_\_\_  
Credit Card Holder's Email Address for Receipt Purposes

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Card Holder Signature

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Check#

Additional Comments:

**NOTE:** Cancellations made more than 30 days prior to a scheduled course will receive a full refund. Any cancellation within 15-30 days of the scheduled course, we will provide a refund of 50% of the course tuition. Cancellations within 14 days or less from the scheduled course dates the tuition will be forfeited. Initials \_\_\_\_\_