

Delta College Public Safety & Training  
PLEASE POST THIS INFORMATION AND DISTRIBUTE TO SHIFT COMMANDERS

## Patrol Rifle Instructor Course

This course is for already certified firearms (pistol) instructors who have previously been trained as a semi-auto patrol rifle *operator*. The student of this training will gain the knowledge of how to **articulate and instruct** safe carry & storage, care & maintenance, sighting, setting up and engaging in live-fire drills, functions of the rifle and more to future operators of semi-auto patrol rifles.

**Course Dates:** June 20 – 22, 2011  
**Course Time:** 8:00 am – 6:00 pm  
**Course Instructor:** Thomas Royal, certified firearms/patrol rifle instructor  
**Course Location:** Delta College, Room J131  
**Course Fee:** Non-Consortium: \$300.00 per person  
 Delta College Consortium Members: \$175.00 per person

**Required equipment:** Semi-auto patrol rifle, 750 rounds of rifle ammunition, duty belt and holstered duty pistol with 100 rounds of pistol ammunition, eye and ear protection, baseball style cap, roll out matt (for prone shooting) 'clean' 2G (or larger) flash drive for power point program.

**MCOLES Approved**  
**Registration Deadline:** June 13, 2011

<p style="text-align: center;"><b>Cancellation Policy</b></p> <p>Class reservations may be cancelled up to 7 calendar days prior to the first day of class with 100% refund; less than 7 days, but prior to the first day of class with a 50% refund; on the first day of class with a 0% refund. All "no shows" will be charged full price.</p>	<p style="text-align: center;"><b>For information regarding the Delta College Public Safety &amp; Training seminars and other non-credit programs, please visit our website at <a href="http://www.delta.edu/crimjust">www.delta.edu/crimjust</a> or call Dawn Jurik at (989) 686-9176</b></p> <p style="text-align: center;"><b>E-mail: <a href="mailto:dawnjurik@delta.edu">dawnjurik@delta.edu</a></b>  <b>Fax: (989) 667-2211</b></p>	
<b>Delta College Public Safety &amp; Training Registration</b>		
Registrant's Name (Please Print)	Home Phone	Daytime Phone
Home Address	E-MAIL	
City            State        ZIP Code	MCOLES # (if applicable)	Date of Birth
Department Name		
Department Street Address	Department City	Department ZIP Code
Course Name		
<b>Upon the conclusion of your registered course, your agency will be invoiced.</b>		

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