



FENCING CAMP REGISTRATION

Train with Champion Fencers
and Coaches of Champions!

REGISTER IMMEDIATELY, SPACE IS LIMITED

Name: _____ Address: _____ Age: _____

Phone: _____ e-mail: _____ Sex: Female or Male

Please choose desired class and times (if applicable):

Introductory

July or August

Full Day or Half Day

AM or PM

Introductory Squire

Competitive Sabre

Intermediate

Competitive Epee

Squire

Competitive Foil

Contact Name in Case of Emergency: _____ Phone #: _____

How did you hear about Mission Fencing Center? _____

Please make checks payable to Mission Fencing Center.

Mail this registration form and payments to:
Mission Fencing Center, P.O. Box 595, Rocky Point, NY 11778

Confirmation of registration and further camp info. will be sent via e-mail.

