



**Train with Champion Fencers
and Coaches of Champions!**

REGISTER IMMEDIATELY, SPACE IS LIMITED

Name: _____

Address: _____

Phone: _____ e-mail: _____

Desired class: Drill Introductory Squire Footwork Competitive *sleep-away*

Contact Name & Phone Number in Case of Emergency: _____

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.

