



FENCING CAMP REGISTRATION

Train with Champion Fencers
and Coaches of Champions!

REGISTER IMMEDIATELY, SPACE IS LIMITED

Name: _____ Address: _____ Town: _____ State: _____ Zip: _____

Age: _____ Birth Year: _____ Work Phone: _____ Mobile Phone: _____

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

Please choose desired class and times (if applicable):

- | | |
|---|--|
| <input type="checkbox"/> Introductory | <input type="checkbox"/> Competitive Sabre |
| <input type="checkbox"/> Intermediate | <input type="checkbox"/> Competitive Epee |
| <input type="checkbox"/> Squire | <input type="checkbox"/> Competitive Foil |
| <input type="checkbox"/> Pre-Summer Nationals Training Camp | |

Club affiliation: _____

Date of Camp: ____ / ____ / ____

Years fencing: _____ Sleep Away option: Y: ____ N: ____

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.

