

REGISTRATION FORM

FENCERS INFORMATION:

Full Name: _____
 Weapon: Epee ___ Foil ___ Saber ___
 No Experience: _____
 DOB: ___/___/___ Male: ___ Female: ___
 Address: _____
 Apt# _____ City _____
 State: _____ Zip: _____
 Allergies/Medical Conditions: No ___ Yes ___
 If Yes/Type: _____

EMERGENCY CONTACT INFORMATION:

Full Name: _____
 Home/Cell phone: (___) _____ - _____
 Emergency Phone: (___) _____ - _____
 E-mail: _____ @ _____
 How did you hear about us? _____

PAYMENT TYPE:



(Credit Cards, Checks/Money Orders & Cash)
 Name on _____
 Card: : _____
 CC# _____
 Expires: ___/___/___ CVV# _____

****Payments via checks/money orders, must be submitted with the application prior to start of program to guarantee placement in the class.****

****ALL PAYMENTS ARE NON-REFUNDABLE****

Parent/Guardian's Name Print: _____

Parent/Guardian's

Signature: _____

Date: ___/___/___

WEEKLY SCHEDULE

Week	Month	Date
1 <input type="checkbox"/>	June	24 - 28
2 <input type="checkbox"/>	July	8 - 12
3 <input type="checkbox"/>	July	15 - 19
4 <input type="checkbox"/>	July	22 - 26
5 <input type="checkbox"/>	July/Aug	29 - 2
6 <input type="checkbox"/>	August	5 - 9
7 <input type="checkbox"/>	August	12 - 16
8 <input type="checkbox"/>	August	19 - 23

Regular Rates

MONDAY – FRIDAY
Class Time: 9AM – 1PM
INDIVIDUAL: (M) \$350 - \$425 (NM)
SIBLINGS: (M) \$553 - \$680 (NM)

IMPORTANT NOTICE
FENCERS MUST BRING THEIR OWN
WATER BOTTLES & A SNACK



2024

New Jersey Fencing Alliance

CAMP IS ON!!



229 Hilton Ave,
 (Lower Level of St' Joseph's Church)
 Maplewood, NJ 07040
 Office Ph:(973)762-6363 (Lv. Msg.)
 Website: www.njfencingalliance.com

Contact: Lian Ferguson
 Business/Operations Manager
njfrontdesk@gmail.com