

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

**\*Week 2 Is A 3-Day Camp Week & Will Be Pro-Rated At: (M) \$210 And (NM) \$255**

**MONDAY – FRIDAY  
 FROM (9AM – 1PM)  
 INDIVIDUAL: \$350 (M) | \$425 (NM)  
 SIBLINGS: \$553 (M) | \$680 (NM)**

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



**New Jersey Fencing Alliance  
 CAMP IS ON!!**



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 (Lower Level of St' Joseph's Church)  
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