



AMERICAN FENCING COALITION, LLC

Membership Registration Form

Last/First Name: _____

Parent/Guardian Name: _____

Address: _____

Home Phone: _____ Mobile Phone: _____

Applicants Email _____ Parent/Guardian Email: _____

Age: _____ Grade: _____ Birth Date: _____

Present School: _____ Years Fencing: _____

Former Coaches: _____ Weapon: _____

Week Days Available for Open Fencing and Private/Group Lessons:

Does Applicant have any of their own equipment?

Yes/No

Applicant's Recent Tournament
History/Experience _____

Is applicant a registered USFA member for 2007/2008 year?

Yes/No

Emergency Contact

Name: _____ Relationship: _____

Emergency Contact Number: _____ Mobile: _____

Medical

Needs/Problems/Allergies/Medications: _____
