



Northshore Fencing Club Registration Form

Today's Date: _____

Fencer's Name: _____

Parents (if fencer is a minor): _____

Birthdate: _____ Age: _____

Address: _____

Phone Number(s): _____

Email Address: _____

Have you ever fenced before? (Circle) Yes No

Which weapon are you most interested in?

(Circle) Foil, Epee, Saber

What would you like to learn about fencing?