

# Fencing Academy of South Jersey

## Fencing Registration Form

Please complete this form, sign and date it, and mail it to:

Fencing Academy of South Jersey

P.O. Box 3637

Cherry Hill, NJ 08034

▶ Make checks payable to **FASJ**.

For more information, call 856-424-5070, , or visit [www.fasj.com](http://www.fasj.com).

Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (if under 18)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

May we send information and notices to your e-mail address?  Yes  No

Parent or Guardian: \_\_\_\_\_ (Please print.)

Home Telephone: \_\_\_\_\_ Emergency Telephone: \_\_\_\_\_

Class Name: **Level 4** (Monthly Fee) **Class Fee:** \$175  \$275  \$375

**Ages 6-8 Class Fee:** \$250

**Group Class Fee:** \$300  \$475  \$600

**Private Lessons Fee: ( \_\_\_\_\_ )**

(See [fencing fee schedule on our Web site](#).)

**New Student Fee: \$75**

**Total Enclosed:** \$ \_\_\_\_\_ (Make the check payable to **FASJ**.)

Fencing can be a strenuous physical activity. Do you have any medical conditions which would interfere with physical activity or fencing? Please explain.

\_\_\_\_\_  
\_\_\_\_\_

I release the Fencing Academy of South Jersey and its staff from any liability due to injury.

Signature (Parent or guardian if under 18) \_\_\_\_\_ Date \_\_\_\_\_

1. How did you find out about us? \_\_\_\_\_

2. What is it about fencing that interests you? \_\_\_\_\_

3. How do you hope to benefit from learning how to fence? \_\_\_\_\_