

Fencing Academy of South Jersey

Home School Fencing Registration Form

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

F A S J
P.O. Box 3637
Cherry Hill, NJ 08034

▶ Make checks payable to: FASJ

For more information, call 856-424-5070, fax 856-424-5073, or visit www.fasj.com.

Which locations are you going to attend: Cherry Hill , **Both** .

Name: _____

Age: _____ Date of Birth: _____ (if under 18)

Sex: _____

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: _____

Class date & Time: _____

Class Fee: _____ (See fencing fee schedule on our Web site.)

New Student Fee: \$50

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 Mr. Ma Fencing, U.S.A. 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? _____
