

**Junior and Adult
Competition Training Program
(3 weapons)
for ages 13 and older
(Level 4)**



**Fencing Academy of South Jersey
2060 Springdale Road
Suite 200
Cherry Hill, NJ 08003
Phone: 856-424-5070**

Web site: www.fasj.com
E-mail: fasjl@yahoo.com

Goal

This program is designed for serious fencers:

- Who have already completed at least one 10-week Advanced Electric Fencing class;
- Who want to try to get a college fencing scholarship;
- Who are interested in fencing on a college team in an Ivy League or other school;
- who want to fence in local, state, national, or international tournaments and try to make the U.S. National or Olympic team.

Training Methods

Emphasis will be placed on strict fundamentals for fencers as well as basic fencing knowledge and rules. Advanced techniques, practical tactics, and strategy will be taught. The program includes footwork, handwork, individual lessons, offense/defense and tactics drills, electric bouting, and physical conditioning training, which includes whole-body muscle strength training, sit-ups, jump ropes, and specific fencing technique exercises etc.

Competition Plan

Depending on the fencers' ages and skill levels, our coaches will make the short-term and long-term tournament plans for every fencer.

Training Program Schedule

Five days per week are scheduled, 3-5 hours per day.

Tuesday:	5:00 pm - 7:00 pm	(Group class), 7:00 pm - 9:00 pm (Optional)
		Private lessons only by appointment
Thursday:	5:00 pm - 7:00 pm	(Group class), 7:00 pm - 9:00 pm (Optional)
		Private lessons only by appointment
Saturday:	1:00 pm - 4:00 pm	Group class

Note: Fencers may choose any days to attend, but are advised to discuss scheduling with Mr. Ma before registering.

Program Rates

Competition Training Program (Level 4)

Training Frequency Monthly Fee

Once a week	\$175
2 times a week	\$275
3 times a week	\$375

Junior and Adult Competition Training Program
REGISTRATION FORM

Name: _____ Date of birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Evening phone: _____ Day phone: _____

Name of parent or guardian: _____

Fencing experience: _____ years

How many days per week are you registering to practice? (Check one.)

_____ One day _____ Two days _____ Three days

Signature (Parent or guardian if under 18)

Date

Make checks payable to: FASJ

Mail this form with your payment to:
Fencing Academy of South Jersey
P.O. Box 3637
Cherry Hill, NJ 08034

How did you hear about us? _____

For more information, please call 856-424-5070, or e-mail to fasj1@yahoo.com.