

Mr. Ma Fencing Center

Fencing Registration Form

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

Mr. Ma Fencing Center

P.O. Box 3637

Cherry Hill, NJ 08034

▶ **Make checks payable to: FASJ**

For more information, call 973-866-8988, fax 856-424-5073, or visit www.fasj.com.

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

Name: _____

Age: _____ Date of Birth: _____ (if under 18) Sex: Ad-_____

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: _____

Which session you are signing (please circle):

Fall 2010,

Winter 2010

* Class date & Time:

New Student Fee: \$75

Advanced Mon 7:00Pm-9:00Pm Thur 7:00Pm-9:00Pm

Beginner & Intermediate: Mon 7:00PM- 8:30PM Thur 7:00PM- 8:30PM

Beginner & Intermediate: Mon 5:15PM- 6:30PM Thur 5:15PM- 6:30PM

Group Class Fee: **\$600** **\$475** **\$300** (See fencing fee schedule on our Web site.)

Private Lessons Fee: \$450 for 10 x 25 minutes private lessons

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? _____
