

# Fencing Academy of South Jersey

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## 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: Andy Ma

For more information, call 856-424-5070, fax 856-424-5073, or visit [www.fasj.com](http://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 Andy Ma)

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? \_\_\_\_\_

\_\_\_\_\_