



**Train with Champion Fencers  
and Coaches of Champions!**

**REGISTER IMMEDIATELY, SPACE IS LIMITED**

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

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

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Desired class:  Drill  Introductory  Squire  Footwork  Annual or  Monthly

Contact Name & Phone Number in Case of Emergency: \_\_\_\_\_

How did you hear about Mission Fencing Center? \_\_\_\_\_

**Please make checks payable to Mission Fencing Center.** Mail this registration form and payments to:

**Mission Fencing Center  
P.O. Box 595  
Rocky Point, NY 11778**

Confirmation of registration and further camp info. will be sent via e-mail.

