

The Royal Garrison - Royal City Fencing Club

REGISTRATION FORM

CFF license number (if applicable): _____

Participant Name: _____

Date of Birth (DD/MM/YYYY): _____

Parent/Guardian (if applicable): _____

Address: _____

City: _____

Postal Code: _____

Contact Phone: _____

Contact Email: _____

Choose Class Type: (circle appropriate responses)

Beginner Youth

Intermediate Youth

Beginner Adult

Intermediate Adult

Competitive

Recreational

Fees and waiver forms must be submitted with this form and a completed waiver to finalize your application. You may bring your payment / waiver to the club during our regular practices.

All cheques should be made payable to: The Royal Garrison, and should include the member name on the notation line