

REGISTRATION FORM

CAMPERS INFORMATION:

Full Name: _____
 Circle Weapon: E F S None
 DOB: ___/___/___ Male: ___ Female: ___
 Address: _____
 Apt# _____ City _____
 State: _____ Zip: _____
 Allergies/Medical Conditions: No ___ Yes ___
 If Yes/Type: _____

EMERGENCY CONTACT INFORMATION:

Full Name: _____
 Home/Cell phone: (___) _____ - _____
 Emergency Phone: (___) _____ - _____
 E-mail: _____ @ _____
 How did you hear about us? _____

PAYMENT TYPE:



(Credit Cards, Checks/Money Orders & Cash)

Name on _____
 Card : _____
 CC# _____
 Expires: ___/___ CVV# _____

****Payments via checks/money orders, must be submitted with the application prior to start of program to guarantee placement in the class.****

****ALL PAYMENTS ARE NON-REFUNDABLE****

Parent/Guardian's Name Print: _____

Parent/Guardian's Signature: _____

Date: ___/___/___

WEEKLY SCHEDULE

Week	Month	Dates
1 <input type="checkbox"/>	July	6 - 10
2 <input type="checkbox"/>	July	13 - 17
3 <input type="checkbox"/>	July	20 - 24
4 <input type="checkbox"/>	July	27 - 31
5 <input type="checkbox"/>	August	3 - 7
6 <input type="checkbox"/>	August	10 - 14
7 <input type="checkbox"/>	August	17 - 21

Select Week(s) Attending Camp
 (M) Club Member & (NM) Non-Member

CLASS TIME:

Full Day 9AM – 4PM | \$360M/\$400NM
 Half Day 9AM – 12Noon | \$260M/\$300NM
 Half Day 1PM – 4PM
 Lunch 12Noon – 1PM (BYOL)

RATES



NJFA

2020

SUMMER

FENCING CAMP



“Ready... Fence!!”

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Website: www.njfencingalliance.com

Contact Us: njfafrontdesk@gmail.com