

# Premier Fencing Alliance 2015 Summer Camp

Name of Camper\_\_\_\_\_ Age of Camper\_\_\_\_\_

Fencing Experience(if any)\_\_\_\_\_ T-shirt Size\_\_\_\_\_

Address\_\_\_\_\_ City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Guardian Name\_\_\_\_\_ Phone Number\_\_\_\_\_

Email Address\_\_\_\_\_

Emergency Contact Name\_\_\_\_\_ Emergency Contact Number\_\_\_\_\_

**Allergies:**

**Medical Conditions:**

**Camp Date(s):** *Circle all that apply*

Ages 6-9

Ages 9-18

June 8th-June 12th

June 1st-June 5th

July 6th-July 10th

June 15th-June 19th

July 20th-July 24th

June 22nd -26th( Experienced Fencers Only)

**# of Camps Attending**\_\_\_\_\_ **X \$50=\$**\_\_\_\_\_ **(total deposit due)**

Please include the deposit along with registration. Your space will not be saved until Deposit has been paid. Checks should be made payable to Premier Fencing Alliance. Please mail registration form to:

Premier Fencing Alliance  
819 Pickens Industrial Dr Ste 5  
Marietta, Ga 30062

