



SUMMER 2020 PARTICIPANT INFORMATION
Programs July 1 - August 31



NAME of FENCER: _____ Nick name _____

Gender: ____ Age: ____ DOB ____ / ____ / ____ Height: ____ Right handed? ____ Left Handed? ____

WEAPON: _____ (we will assign Foil to beginners) YEARS EXPERIENCE: _____

USA Fencing RATING: ____ CLUB: _____ / School team _____

(Not necessary to attend programs – useful in evaluating for skill group)

Does fencer have special needs? _____

USA Fencing Membership Number: _____ (required)

USA Fencing Membership is **REQUIRED** for all fencing activities including ZOOM programs – ANY CLASS membership is accepted; there is a \$10 membership for Non-competitive which is fine for our classes and lessons. <https://member.usafencing.org/signup>

Fencer's HOME ADDRESS: _____

City / State / Zip _____

Parent(s) or Guardian(s): _____ / _____

Relationship -

Relationship -

Cell Phone: _____ / _____

Home Phone: _____ / _____

Work Phone: _____ / _____

Email: _____ / _____

Used for ZOOM invitation and connection



r miller2 @ email . unc . edu

OR

Mail to:



Coach Ron Miller
NCFDP
11149 Bayberry Hills Dr
Raleigh_NC 27617

Please see Program Selection and Fees page to finalize registration.