



2016 REGISTRATION FORM

Please print clearly

Name: _____

Date of Birth: ____ / ____ / _____ Sex: M / F

Postal Address: _____

Email: _____

Contact phone number: _____

Student? Y / N Student ID number: _____

Do you have any medical conditions we should know about?

Fees:

\$120 full year

\$70 half year

(please circle one)

Bank account for deposits: 01-1821-0034878-00 (please use your name as a reference)

Paid (treasurer initials and receipt number): _____

I declare that the information supplied is true and correct. I accept I will fence at my own risk, and comply with all safety instructions. I undertake to comply with all New Zealand Sports Drug Administration requirements relating to the use of or testing for drugs.

I agree to the information being used by Fencing New Zealand for its purposes and understand that I may have access to this information at any time.

Signed: _____ Date: _____

(Guardian's signature if fencer is under 18)

UC Fencing website: ucfencing.net

UC Fencing on Facebook: www.facebook.com/UCfencing