SUMMIT CITY FENCING CLUB MEMBERSHIP AND DUES INFORMATION

LAST NAME, FIRST _____

ADDRESS _____

_____

PHONE(S) _____

E-MAIL _____

EMERGENCY CONTACT NAME AND NUMBER _____

PREFERRED METHOD OF COMMUNICATION ___ E-MAIL (default) ___ PHONE ___ MAIL

OVER 18? Y / **N** STARTED FENCING 08 (YEAR) MEMBER OF USFA? Y / **N**

I WOULD LIKE TO BE AUTOMATICALLY PREREGISTERED FOR ALL SCFC TOURNAMENTS FOR (CIRCLE ANY DESIRED):

FOIL EPEE SABRE

CHECK HERE IF YOU DO **NOT** WANT YOUR PICTURE INCLUDED IN THE ONLINE MEMBER LIST___

I agree to abide by the rules and policies of the Summit City Fencing Club (SCFC). I understand and appreciate that participation in this or any sport carries a risk to me of serious injury, including permanent paralysis or death. I voluntarily and knowingly recognize, accept and assume this risk, and release the SCFC and the club officers, instructors, floor leaders, and volunteers from any liability.

Member Signature _____ Date _____

Parent/Legal Guardian Signature* _____ Date _____
(*Required for members under 18)

Dues Amounts: Per Trimester (four months) $50/$25 Adult/Student
Per Year $145/$70 Adult/Student

Please indicate below which period you are paying for, make checks payable to SCFC, and mail to

Paul O'Malley, 919 S. Harrison St., Ste. 210, Fort Wayne, Indiana 46805

Sep-Dec ___ Jan-Apr ___ May-Aug ___ Full Year Sep 07 through Aug 08 ___

_____ _____

Rev 2 (1/5/08) **Amount Received** **Officier**