

Louisville Fencing Center, Inc.
Registration Form



Louisville Fencing Center (LFC)
1401 West Muhammad Ali
Louisville, Ky. 40203
(502) 540-5004



Welcome to the LFC. Please fill out all of the information on BOTH SIDES of this sheet. Thank you.

FENCER INFORMATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

Please list any relevant medical conditions: _____

EMERGENCY CONTACT NAME _____ CONTACT NUMBER _____

If fencer is under 18 years of age, please fill in the following parent/guardian information:

PARENT/GUARDIAN NAMES 1) _____ 2) _____

If different from fencer, please fill in parent/guardian address, email and phone details below:

ADDRESS 1) _____ ADDRESS 2) _____

EMAIL 1) _____ EMAIL 2) _____

WORK PHONE 1) _____ WORK PHONE 2) _____

CELL PHONE 1) _____ CELL PHONE 2) _____

FENCING INTEREST & EXPERIENCE

Please explain why you are interested in fencing: _____

What weapon (2) are you interested in? Foil Epee Sabre Don't Know

What level fencer are you? Beginner Intermediate Advanced Don't Know

Do you have any previous fencing experience? Please explain when, where, under whom and how long you have fenced: _____

Are you currently affiliated with or do you belong to any other fencing organizations?
Please list: _____

How did you hear about the Louisville Fencing Center? YMCA School Friend
 Internet Newspaper Other, please specify _____

TURN OVER TO READ AND COMPLETE OTHER SIDE

