



IFA WOOLWICH / Membership Information

PLEASE PRINT

Fencer Name: _____

US Fencing Membership ID#: _____

Fencing Goal: Non-Competitive // Basic Competitive // Attain Fencing Rating

Address: _____

Phone(s) Home: (____) _____

DOB: ____/____/____

Fencer Email (optional): _____

Medications: _____

Allergies: _____

Any other information you'd like to share: _____

PARENTS INFORMATION

Father: _____

Mother: _____

Address: _____

Address: _____

Phone(s) Work: _____

Phone(s) Work: _____

Cell: _____

Cell: _____

Other: _____

Other: _____

Email: _____

Email: _____

Emergency Contact(s): _____

Phone: (____) _____

Phone: (____) _____

Remarks:

You MUST notify IFA when any of the above information changes.

All email addresses supplied will be put into IFA distribution list to receive updates and information.