



Essex County Fencing Union Team Championships

Entry Form

Please complete in BLOCK CAPITALS

Entries to: Essex Fencing,
5 Odin Lodge,
Courtland Place,
Maldon,
Essex
CM9 6YE

Tel: 01621 841702

Email: paultownson@tiscali.co.uk

Event

Foil

Epee

Sabre

Team Contact Information

First Name

Address

Surname

Club

Town

Phone No

County

Email

Postcode

I enclose a cheque payable to Essex County Fencing Union for £.....

I accept the rules and conditions detailed in the Event Information document and any others announced by the organisers at the event.

Contact details will be used to inform entrants in case of cancellation or change to the event. Contact details may also be used to send information about future fencing events and other fencing related information. Contact details will NOT be passed on to any other organisation. Please tick the box below if you do not wish your contact details to be used for this additional purpose. Emergency contact details will be retained for the duration of the event and will only be used in the event of injury or illness. After the event the emergency contact details will be destroyed.

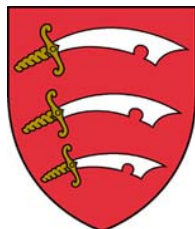
Signed

.....

Parent or guardian for entrants U18.

Date

.....



Essex County Fencing Union

Team Championships

Team Information

Please complete in BLOCK CAPITALS

Team name

Team member 1

First Name	Address
Surname
Club
BFA No.	Town
Exp Date (dd/mm/yyyy)	County
DoB (U20s) (dd/mm/yyyy)	Postcode

Team member 2

First Name	Address
Surname
Club
BFA No.	Town
Exp Date (dd/mm/yyyy)	County
DoB (U20s) (dd/mm/yyyy)	Postcode

Team member 3

First Name	Address
Surname
Club
BFA No.	Town
Exp Date (dd/mm/yyyy)	County
DoB (U20s) (dd/mm/yyyy)	Postcode

Team member 4 (Optional)

First Name	Address
Surname
Club
BFA No.	Town
Exp Date (dd/mm/yyyy)	County
DoB (U20s) (dd/mm/yyyy)	Postcode