

**Adult  
Registration  
Form**

CHEYENNE

FENCING SOCIETY

&

MODERN PENTATHLON CENTER

Date \_\_\_\_\_

Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell # \_\_\_\_\_ E-Mail \_\_\_\_\_

Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_

Physical Condition/Problems \_\_\_\_\_

School & Year Graduated \_\_\_\_\_

Occupation/Employer/Location \_\_\_\_\_

Sports Participation \_\_\_\_\_

Hobbies/Interests \_\_\_\_\_

Have you fenced before? Y / N Foil \_\_\_\_\_ Epee \_\_\_\_\_ Sabre \_\_\_\_\_

When \_\_\_\_\_ Where \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

What are your goals in fencing? \_\_\_\_\_

Where did you hear/read about us? \_\_\_\_\_

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**Billing Details**

Visa \* Master Card \* Discover \* American Express

Name on Card \_\_\_\_\_

Card # \_\_\_\_\_ Exp Date \_\_\_\_\_ CV Code \_\_\_\_\_

Street Number \_\_\_\_\_ Zip Code \_\_\_\_\_

**Signature of card holder** \_\_\_\_\_

Late Payment Policy: I understand there will be a late payment charge of \$10 per student if payment is not

received by the 10th of each month. Signature of parent \_\_\_\_\_

**Office Use Only** Classes Signed Up For **Start Date** \_\_\_\_\_

Day(s) Mon \* Tues \* Wed \* Thurs \* Fri \* Sat Time: 6-7:30 \* 8-10

Comment \_\_\_\_\_