



Organiser:- Martha Bernstein
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 Postal Address:- High Banks, la Route du Petit Port, St Brelade, Jersey, JE3 8HH
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FENCERS ENTRY FORM (By Name)

Weapon		First Name	Second Name	Date of Birth DD/MM/YY
Men's Foil Individual	1			
	2			
	3			
	4			
	5			

Weapon		First Name	Second Name	Date of Birth DD/MM/YY
Men's Sabre Individual	1			
	2			
	3			
	4			
	5			

Weapon		First Name	Second Name	Date of Birth DD/MM/YY
Men's Epee Individual	1			
	2			
	3			
	4			
	5			

Weapon		First Name	Second Name	Date of Birth DD/MM/YY
Women's Foil Individual	1			
	2			
	3			
	4			
	5			

Weapon		First Name	Second Name	Date of Birth DD/MM/YY
Women's Sabre Individual	1			
	2			
	3			
	4			
	5			

Weapon		First Name	Second Name	Date of Birth DD/MM/YY
Women's Epee Individual	1			
	2			
	3			
	4			
	5			

Weapon		First Name	Second Name	Date of Birth DD/MM/YY
Men's Foil Team	1			
	2			
	3			
	4			
	5			

Weapon		First Name	Second Name	Date of Birth DD/MM/YY
Men's Sabre Team	1			
	2			
	3			
	4			
	5			

Weapon		First Name	Second Name	Date of Birth DD/MM/YY
Men's Epee Team	1			
	2			
	3			
	4			
	5			

Weapon		First Name	Second Name	Date of Birth DD/MM/YY
Women's Foil Team	1			
	2			
	3			
	4			
	5			

Weapon		First Name	Second Name	Date of Birth DD/MM/YY
Women's Sabre Team	1			
	2			
	3			
	4			
	5			

Weapon		First Name	Second Name	Date of Birth DD/MM/YY
Women's Epee Team	1			
	2			
	3			
	4			
	5			

WE WILL NEED 2 PASSPORT PHOTOS FOR EACH PERSON FOR SECURITY PASSES and a COPY of the competitors' passport for us to verify that they are eligible for entry.

Signature of Team Manager:- _____
Name of Team Manager:- _____
Date:- _____

All contact to be with:
Team Manager Email:- _____
OR at the following postal address:-

Tel:- _____
Fax:- _____

If required copied to:- _____
Email:- _____
OR at the following postal address:-

Tel:- _____
Fax:- _____

If required copied to:- _____
Email:- _____
OR at the following postal address:-

Tel:- _____
Fax:- _____

This form must reach us by the 21st December 2011.