



Organiser:- Martha Bernstein

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Tel:- 00 44 (0)1534 743422 Fax:- 00 44 (0)1534 747316

FENCERS ENTRY FORM (By Name)

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

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

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

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

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

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

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

Waanan		First Name	Second Name	Date of Birth DD/MM/YY
Weapon	4	riist Naille	Second Name	DD/IVIIVI/ f f
_	1			
Men's Sabre	2			
Team	3			
	4			
	5			
Weapon		First Name	Second Name	Date of Birth DD/MM/YY
	1			
Men's Epee	2			
Team	3			
	4			
	5			
	<u> </u>			
Weapon		First Name	Second Name	Date of Birth DD/MM/YY
·	1			
Women's Foil	2			
Team	3			
ream				
	4			
	5			
				Date of Birth
Weapon		First Name	Second Name	DD/MM/YY
Managala	1			
Women's Sabre	2			
Team	3			
	4			
	5			
				Date of Birth
Weapon		First Name	Second Name	DD/MM/YY
	1			
Women's Epee	2			
Team	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:-
6 P
Tel:-
Tel:
If required copied to:
Emaile
OR at the following postal address:-
On at the following postal address.
Tol:
Tel:
Fax:
If required conied to:
If required copied to:
Email:
OR at the following postal address:-

Tel:
Fax:-

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