Bay State Fencers
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Somerville, MA 02143
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Stage Combat Studio Registration Form

CONTACT INFORMATION:

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact: _____ Emergency Phone: _____

Date of Birth: _____ Years Fencing Experience: _____ Weapon: ☐ Foil ☐ Epee ☐ Saber

Stage Combat Experience: (describe)

Class Offering	Start Date	Fee	Weapon Rental

☐ **I authorize Bay State Fencers to charge my credit card for membership fees as they come due until I suspend or terminate my membership in writing by Certified or Register Mail. Membership fees are non-refundable.**

Initials: _____ Date: _____

PAYMENT METHOD:

☐ Cash ☐ Check *(please make check payable to **Bay State Fencers**)*

☐ Visa ☐ Master Card ☐ American Express ☐ Discover

Card #: _____

Expiration Date: _____

Signature: _____

Last Name:

First Name: