

WIMBLEDON FENCING CLUB Junior Beginner Course Application 2024

Surname :	Forena	me :	
Address:			
Postcode: Date	of Birth:	. / /	Gender: M/F
Title & Name of Parent / Guardian:			
Address (if different from above):			
Tel: (day): Tel (eve):		Tel (mo	b):
E-mail (please print clearly):			
Any medical conditions of which Wimbledon	Fencing Club sh	ould be aware ?	YES / NO
If Yes, please give details:			
How did you hear about us ?			
Course Fee: £80 Cheque payable to Wimbledon Fencing Club Bank transfer to A/C Name Wimbledon Fencing	ng Club , Sort Cod	de 30-99-66 , A/0	Number 0255 5693
Insurance: Members are required to join the For free introductory membership see:			