



**Form submission deadline: Wednesday, November 23, 2011**

Please print or type:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Circle: M F

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Do you require assistance of an interpreter? Y N

Vegetarian: Y N T-Shirt Size: \_\_\_\_\_ Wheelchair: Y N

Please indicate any food allergies below:

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Please Circle Category: A B C

Please Circle Weapons: Epee Foil Saber

**Travel Information:**

Arrival Date: \_\_\_\_\_ Flight #: \_\_\_\_\_ Arrival Time: \_\_\_\_\_

Number Persons in wheelchairs: \_\_\_\_\_ Number of wheelchairs: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Flight #: \_\_\_\_\_ Departure Time: \_\_\_\_\_

**Please circle: 4 Nights - Double room (500 Euros)**

**4 Nights - Single room (600 Euros)**

**Arrival Date: January 26; Departure date: January 30**

*Fee covers accommodation, full board, airport transportation, venue transportation, entry to competition, and welcome event. Please see organizer info for details.*



**Payment Information:**

Circle Credit Card Type:

American Express          Discover          Visa          Mastercard

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_

**Send to:**

USA Fencing  
Attention: Courtney Kulick  
One Olympic Plaza  
Colorado Springs, CO 80909  
Fax to: (719) 325-8995  
Email: [c.kulick@usfencing.org](mailto:c.kulick@usfencing.org)