

**Registration Form
Fencer**



Photo

Season: 2024 / 2025

New

Renew

Player Name : _____ **Club/ Center Name:** _____

Date of Birth : _____ **Nationality :** _____ **Category :** _____

Phone Club / Center : _____ **E.mail :** _____

For Fencer

Mr. Secretary General Club/ center: _____

I hope to register my Name with the Club Fencing Team for the season ____ / ____ Since I was not registered to any other club in the Country.

Player Name: _____

Signature: _____

Date : _____

For Club

Mr. Secretary General of U.A.E. Fencing Federation

the Respectable

Acknowledged that the data given above is correct and we ask to register the above-mentioned fencer in the current season, note that a medical examination by the club doctor and proven fitness for the exercise of sport fencing and participate competitions.

Date: / /

Doctor Stamp & Signature

Fit **Not Fit**

General Secretary / Director

For Federation

The above-mentioned fencer registration has been made in club recording at the federation

Season ____ / ____ After the payment of fees with Receipt No.: _____

Committee Notice: _____

**Competition
Committee**

**Secretary
General**