



Nation Sparring Partner Policy

APPLICATION FOR APPROVAL AS SPARRING PARTNER

Please Submit/Email This Form To:

3 Stadium Drive

NSA Office Singapore 397630

Email : info@fencingsingapore.org.sg

Paste color passport-sized photograph here

Form 5.8.1

Name (including dialect or hanyu pinyin name if any)

(in block letters & underline surname)

Name in Chinese characters (if applicable)

Name of Fencing Club

Position in Club

Weapon

Epee / Foil / Sabre *

NRIC / FIN **

Date of Birth

Sex

Marital
Status

Left / Right Handed *

Email Address

Home Address

S()

Home Tel

HP

Fax

Nationality

Occupation

Name of School / Company

Latest National Ranking

Duration of Sparring



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Fencing Achievements:

Emergency Contact:

Name

Contact Tel

* Delete where appropriate.

** Indicate passport number if fencer does not have neither NRIC nor FIN.

Applicant's Signature / Date

Exco Approval / Date