



Please submit this Form to:  
3 Stadium Drive, NSA Office Singapore 397630  
or Email: admin@fencingsingapore.org.sg

## BASIC REFEREEING COURSE REGISTRATION FORM

Name (including dialect or hanyu pinyin name if any) \_\_\_\_\_

Name in Chinese Characters (if applicable) \_\_\_\_\_

Name of Fencing Club \_\_\_\_\_

Choice of Weapon \_\_\_\_\_ Course Fee \_\_\_\_\_

NRIC/FIN \_\_\_\_\_ Gender \_\_\_\_\_

Date of Birth \_\_\_\_\_ Nationality \_\_\_\_\_

Occupation \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_ S ( \_\_\_\_\_ )

Home Tel \_\_\_\_\_ HP \_\_\_\_\_ Fax \_\_\_\_\_

Mailing Address (if different from Home Address) \_\_\_\_\_

\_\_\_\_\_

Email Address \_\_\_\_\_

### Emergency Contact

Name \_\_\_\_\_

Contact Tel \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

For Official Use Only			
Applicant's Name		Date Approved	