



SON's South Florida Scholastic Fencing League 2008 - 2009

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|--|--------------|---|-------------------------------------|
| 1. SFSFL St Valentine's Day Massacre - | Sun Feb 8 | @ | International Swimming Hall of Fame |
| 2. SFSFL March Madness - | Sun March 15 | @ | International Swimming Hall of Fame |
| 3. SFSFL April Fools Tournament - | Sun April 5 | @ | Sagamont Comerica Dome |
| 4. SFSFL May Melee - | Sun May 3 | @ | North Broward Prep School Gym |
| 5. SFSFL June Championship - | Sun June 7 | @ | International Swimming Hall of Fame |

Official SON SFSFL Sabre Registration & Entry Form

PART 1

LAST NAME _____ FIRST NAME _____ DOB _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

PARENT _____ PARENT _____ FAMILY & FENCER _____

PHONE _____ MOBILE _____ E-MAILS _____

SCHOOL CLUB _____ USFA SABRE RATING _____ (rating/year) NAT'L RANK _____

USFA MEMBERSHIP 08-09 OR EQUIVILANT REQUIRED (CFF OR ANY FIE NGB MEMBERSHIP OK)

INFO: SFSFL TOURNAMENTS

JUNE 2009

Entry Deadline / Event Date

FEB - Fri, 2-06 / Sun, Feb-8

MAR - Fri, 3-06 / Sun, Mar-15

APR - Fri, 3-27 / Sun, Apr-5

MAY - Fri, 4-24 / Sun, May-3

JUNE - Fri, 5-29 / Sun, June 7

INFO: SFSFL JUNE CHAMPIONSHIP

Sunday, June 7, 2009

Check-In Times

LEVEL B - 7:30 to 8:00 AM

LEVEL C - 10 to 10:30 AM

LEVEL A - 1:30 to 2:00 PM

TEAM CHAMPS - 5:00 CLOSE

*FENCING WILL BEGIN AS SOON AS POSSIBLE
APPROX 30 MINUTES AFTER CLOSE OF CHECK-IN*

SFSFL 2009-2010 SEASON

INDIVIDUAL: OCT, NOV / FEB, MAR, APR, MAY

INDIVIDUAL & TEAM: DEC & JUNE

SABRE

LEVEL A-JUNIOR / LEVEL B / LEVEL C / TEAM

FOIL

LEVEL A-JUNIOR / NOVICE DRY & ELECTRIC

EPEE

WE WOULD LIKE TO ADD THIS WEAPON ASAP

FIVE EVENT SPECIAL ("FEE SUMMARY" #4) & Save \$50 off Total Cost - Deadline Fri, Feb 6, 2009

PART 2
CIRCLE EVENTS ENTERING ON TABLE BELOW: PLEASE NOTE REGISTRATION DISCOUNT if you enter all FIVE now

SFSFL FEB	SFSFL MAR	SFSFL APR	SFSFL MAY	SFSFL JUNE CHAMPIONSHIP		Total Events Entered
Individ A/B/C	Individ A/B/C	Individ A/B/C	Individ A/B/C	INDIVIDUAL A/B/C	TEAM - MAX 3 PER SCHOOL LEVEL A & B / C as NEEDED NO CHARGE FOR TEAM	Individual A / B / C
yes / no	yes / no	yes / no	yes / no	Fence-UP B/A		1/2/3/4/5 Tournaments

PART 3
FEE SUMMARY: Complete #1 & #2 / #3 (IF APPLICABLE) and add together. #4 is the "Total Amount Due". #4 is for the FIVE EVENT SPECIAL

1. Registration Fee (non-refundable): 1-2-3	\$ 30. ⁰⁰ X 1_ (# of Tournaments) =	\$ 30. ⁰⁰	REG FEES EVERYONE
2. Event Fees: Your Level (A / B / C)	\$ 25. ⁰⁰ X 1_ (# of Tournaments) =	\$ 25. ⁰⁰	EVENT FEES EVERYONE
3. Event Fees: Fence-UP to next Level (B / A)	\$ 15. ⁰⁰ X 1_ (# of Tournaments) =	\$	EVENT FEES IF APPLICABLE
4. Total Amount Due =	Registration Fee + ALL Event Fees =	\$	TOTAL DUE EVERYONE

****** ALL CHECKS PAYABLE TO: MITCH BERLINER ******

Late entries WILL be accepted with a \$25.⁰⁰ late registration fee through the Friday immediately preceding each Event.
Event fees will be refunded if written notice is received no later than two weeks prior to tournament. No exceptions.

PLEASE SUBMIT ENTRY FORMS BY MAIL OR PERSONAL DELIVERY BY DEADLINE DATES, or late fees apply. Thank you.

BY UNITED STATES Postal Service MAIL:

Sabre Outreach Network
c/o Mitch Berliner
246 Bombay Avenue
Lauderdale-by-the-Sea, FL 33308

OR

BY PERSONAL DELIVERY TO:

Mitch or Dan Berliner
AT YOUR SCHOOL PRACTICE
NBPS FC - Mon/Wed 3:30pm - 5:30pm
SON @Sagamont FC - Mon/Wed 7pm - 9:00pm
BCC/FtLR FC - Tues/Thurs 6:30pm - 8:00pm

PART 4 ----- SON WAIVER FORM ON PAGE 2 MUST BE FILLED OUT WITH REGISTRATION FORM!



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Official SON SFSFL Waiver & Medical Form

PART 4 a, b, c

Fencer's Name _____ Date of Birth _____

*All athletes & parents/guardians (if under 18) MUST Read & Sign the 3 following statements.
Waiver Form MUST be sent in with Page 1 of the Official Entry Form in order to be accepted.*

4a.

WAIVER OF LIABILITY: Upon entering these tournaments, under the auspices of the USFA & Sabre Outreach Network, I agree to abide by the current rules of the USFA and SFSFL. I enter this tournament at my own risk and release the USFA & Sabre Outreach Network and their sponsors, referees, organizers and volunteers from any liability. The undersigned certifies the above and that the accuracy of the birth date of the individual is as stated on the entry form.

Signature of Fencer

Date

Signature of Parent or Guardian

Date

4b.

CONSENT FOR MEDICAL TREATMENT: This is to certify that on this date, I, _____, give my consent to the Sabre Outreach Network and their representatives to obtain medical care from any licensed physician, hospital or clinic for the above named Athlete for any injury or illness that may arise during activities associated with the Sabre Outreach Network South Florida Scholastic Fencing League Tournaments held by Sabre Outreach Network on Feb 8, March 15, April 5, May 3, & June 7, 2009.

Signature of Fencer

Date

Signature of Parent or Guardian

Date

4c.

Medical Coverage: If said athlete is covered by any insurance company, please complete the following.
Please type or print legibly:

Name of Carrier

Name of Policy holder

Address of Carrier

Policy Number

Thank you for



5TH ANNIVERSARY

your support.

