

International Fencer Council, Inc
Exchange/Donation Form

Fencer's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone (home & mobile): _____

Weapons(s)/Rating(s): Epee _____ Saber _____ Foil: _____ Coach: _____

Date of Birth: _____ High School: _____ USFA Club: _____

Parents'/Guardians' Name: _____

Address/Phone (if different): _____

I am interested in participating in a student exchange: ___ Yes ___ No

1. Languages spoken (partial or fluent): _____

2. Desired Country of Exchange: a) _____ b) _____ c) _____

3. Timeframe for travel: _____

4. What are your goals for this exchange? _____

5. Any current medical issues that might limit travel/exchange? _____

6. Do you have full medical insurance coverage for foreign travel? ___ Yes ___ No

I am interested in Hosting a Fencer? ___ Yes ___ No

1. Languages spoke (partial or fluent): _____

2. Desired Country of Exchange: a) _____ b) _____ c) _____

3. Best Timeframe for exchange: _____

Donation Support

IFC operates based on the generous donations of supporters and fencing enthusiasts. Please consider a donation and sustained support. The IFC operates as a 501 c 3 as determined by the IRS; your donations are tax deductible to the extent allowable by law.

___ \$50 ___ \$100 ___ \$200 ___ \$250 ___ \$300 ___ \$400 ___ \$500 ___ \$1000

Use of Images, Name Identification:

I authorize International Fencer Council to use images of me and/or my child both with and/or without identification for International Fencer Council publicity, promotional and advertising purposes and release any and all claims and/or rights I or my child may have as a result.

Fencer's Signature

Parent's Signature (if under 18 years of age)