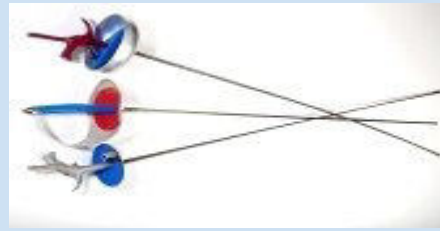




Beginner Fencing Camp



Always wanted to try fencing or just want to challenge someone to a duel? Then come out and try fencing during Summer Break! Our camp provides an opportunity to participate and learn about one of the original Olympic sports. Participants will gain an appreciation for the sport by learning about the fencing history, practicing sword techniques on targets and live opponents! Along with strongly emphasized rules of etiquette, discipline and safety measures required in sport of fencing.

About Us

Toronto Fencing Club is dedicated to the development and refinement of fencers from recreational fencers to Olympic competitive athletes. Our vision is to promote the sport of fencing for all ages, from 6 to 60.

Camp Head Coach

Tim Svidnytskiy

- ◇ Member of Ontario College of Teachers
- ◇ Western University - BA in Education
- ◇ Brock University - BA Physical Education & Kinesiology
- ◇ 2010 Nominee for Brock University's Male Athlete of the Year
- ◇ 2010 OUA Individual Epee Champion
- ◇ 2000 Ukrainian National Epee Individual Champion



Location:

Toronto Fencing Club

50 Prince Andrew Place, Toronto, ON

(Off Barber Greene Road, south of Shops on Don Mills)

416-847-0333 / 855-847-0333
www.torontofencing.com

Questions? Do not hesitate to contact our coach!

647-972-5589
timmy31087@gmail.com



Beginner Fencing Camp!



Camp Details

Skill Level: BEGINNER

Date: July 10th to July 14th

Time: 9:00 — 4:30

Cost: \$250 for whole camp or \$60 per day.

TFC Members \$150 whole camp, \$40 per day

◇ 10% Discount for friends/family signing up together

Camp days will encompass fencing demonstrations, blade drills, live bouts, games and importance of respect & safety

Each Camper Must Bring

Lunch, snacks and water bottle

Athletic indoor shoes, T-shirt and track pants (absolutely no shorts when fencing!)

Fencing equipment is supplied by Toronto Fencing Club!

REGISTRATION

Camp: July 10th - July 14th

Last Name: _____

First Name: _____

Date of Birth: _____

Gender: _____

Address: _____

Phone: _____

Email: _____

Emergency Contact: _____

Phone: _____

Medical Conditions/Allergies:

Signature of Parent/Guardian:

Date (dd/mm/yyyy): _____