



BC Fencing Association High-Performance Competition

Funding Request Form

Athlete Information:

- Full Name: _____
- Date of Birth: _____
- BCFA Membership Number: _____
- CFF Membership Number: _____
- Fencing Club Association: _____
- Primary Place of Residence Address: _____
- Tournament that qualifies for funding assistance: _____
- Contact Information:
 - Phone Number: _____
 - Email Address for payment: _____