

# Arte delle Armi Registration Form

NAME:

SCHOOL/ORGANIZATION:

E-MAIL:

PHONE:

GENDER: M\_\_\_ F\_\_\_

ROOMMATE REQUEST:

DO YOU WISH TO PRE-ORDER A "DEKOVEN SCHOOL OF ARMS" T-SHIRT (\$30) ? Y\_\_\_ N\_\_\_

Please indicate size: S\_\_\_ M\_\_\_ L\_\_\_ XL\_\_\_ XXL\_\_\_

DO YOU WISH TO STAY SUNDAY NIGHT (\$45) ? Y\_\_\_ N\_\_\_

PAYMENT: Paypal \_\_\_\_\_ Check / Money Order\_\_\_\_\_

E-MAIL THIS FORM TO: [WMAW.REGISTRAR@GMAIL.COM](mailto:WMAW.REGISTRAR@GMAIL.COM)

You will be sent a Paypal invoice. If you have opted to pay by check, you will be sent our mailing address.

**\*\* Your registration and your class selections will not be confirmed until payment is received. \*\***