

**BEGINNER STARTER SET ORDER FORM**

**ONLY ORDER ITEMS RECOMMENDED BY YOUR COACH. One order form per fencer.**

Give completed form WITH PAYMENT to Mr. Ovy; orders usually faxed Fridays, usually 1 week delivery. Incomplete forms and forms with no payment attached will be returned to fencer.

<b>Fencer's Name</b>				
<b>Phone Number</b>				
	<b>Male or Female</b>		<b>Male</b>	<b>Female</b>
	<b>Right or Left Handed</b>		<b>Right</b>	<b>Left</b>

**Complete the cells below only for items you are ordering**

PART NUMBER	ITEM NAME	SIZE	QTY	UNIT PRICE	TOTAL PRICE
11001	Epee Mask				
11001F	Foil Mask				
11004	Sabre Mask				
21007	Men's Jacket				
21008	Women's Jacket				
23001	Underarm Protector				
31001	Washable Glove				
23004	Women's Epee/Sabre Chest Protector				
23004FIE	Women's Foil Chest Protector				
2303	Men's Epee/Sabre Chest Protector				
23003FIE	Men's Foil Chest Protector				
61001	Standard Bag				
83001	Dry French Grip Foil				
91001	Dry French Grip Epee				
101001	Dry Standard Sabre				

I understand that prices and shipping costs may increase at anytime.	<b>SUBTOTAL</b>	
I agree to pay any additional necessary charges from Absolute Fencing.	<b>FIT COST</b>	
<b>Signature:</b>	<b>SHIPPING</b>	
	<b>TOTAL DUE</b>	

<b>Forms and payment go to Mr. Ovy only.</b>			
<b>Type Payment Attached:</b>	<b>Visa</b>	<b>MC</b>	
<b>Make check payable to ABSOLUTE FENCING GEAR</b>	<b>Discover</b>	<b>Check #</b>	

Please note, once this form is digitally signed, the fields will become read only and you will not be able to change the information.



**CREDIT CARD AUTHORIZATION  
ABSOLUTE FENCING GEAR PAYMENT**

**Fencer's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CONTACT INFORMATION OF CARD HOLDER:**

**Telephone Number:**  Home  Mobile \_\_\_\_\_

**Email Address:** \_\_\_\_\_

*The information below must match that which the credit card issuer has on file for that card.*

**PRINT CARD HOLDER NAME:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**City, State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Type of Card:**      **Visa**                      **Master Card**                      **Discover**

**Credit Card Number:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_

**Amount Authorized:** \_\_\_\_\_

**Card Holder Signature:** \_\_\_\_\_

*Please note, once this form is digitally signed, the fields will become read-only and you will not be able to change them on your computer.*