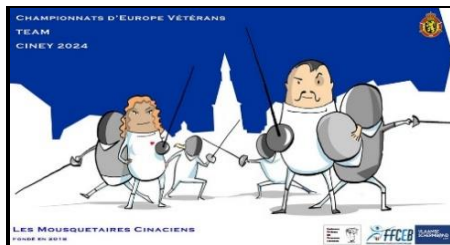


MATERIAL CONTROL / CONTROLE DU MATERIEL



	NAME, FIRST NAME / NOM, PRENOM	
	WEAPON / ARME*	EPEE FOIL SABEL
	GENDER / SEXE*	MAN WOMAN
NUMBER / NUMERO	CATEGORY / CATEGORIE*	VETERAN GRAND VETERAN
	COUNTRY / PAYS	

* CIRCLE YOUR CHOICE / ENTOURER VOTRE CHOIX

DESCRIPTION	QTY	OK	REMARKS
WEAPON / ARME* E F S			
MASK / MASQUE			
JACKET / VESTE			
PANTS / PANTALON			
UNDERPLASTRON / SOUS-VESTE			
ELECTRIC JACKET / VESTE ELECTRIQUE			
BREAST PROTECTION / PROTECTION POITRINE			
GLOVE / GANT			
BODY WIRE / FIL DE CORPS			
MASK WIRE / FIL DE MASQUE			
MASK BIB / BAVETTE DE MASQUE			

CHECK IN	DATE, TIME	SIGNATURE CONTROL TEAM

CHECK OUT	DATE, TIME	SIGNATURE FENCER