

Adult Learn to Row August/September 2024

Name	Ag	e Date of Birth	
Street Address	City	State	Zip
	Email_		-
Dates: Wedne	sdays at 6pm Aug. 21, Aug. 28, Sep	t. 4, Sept. 11	
Fridays	s at 9:30am Aug.23, Aug. 30, Sept. 6	5, Sept. 13	
	4		
Class size of 4 participan	its is required to run each session.		
Fee: 4 weeks. \$140			
Declaration of Health			
I confirm that I do not suff exercise. Yes/No	fer from any known medical or physic	cal condition that might a	affect me during physical
I confirm that I can swin I confirm that I can lift 4	n 100 feet in light clothing. Yes/No 10 pounds. Yes/No		
Signature:		Date	
Sneakers, non-di	isposable water bottle, tight fitting clo	thing and layers.	
PAYMENT (Cash or Ch	neck) - Payable to GMS Rowing Center	er.	
In the event of weather or	that you are running late or can't atter	nd please contact me at 8	360-488-6400.
Coach Linda			

Mailing Address PO Box 1647 New Milford, CT 06776

Boathouse 172 Grove St., New Milford, CT 06776 860-350-4004

www.gmsrow.com email gmsrowing@gmail.com