



**PRIVATE LESSON  
2025**

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**Fees: 1x (Single) \$130  
2x (Double) \$150  
4x ( Four) \$200**

**Payment:** - Full payment is due by cash or check, payable to GMS Rowing Center

**Declaration of Health and Swimming Ability:**

I confirm that I have no unknown medical or physical condition that might affect me during physical exercise. **Yes/No**

I confirm I can swim 100 feet in light clothing. **Yes/No**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mailing Address: PO Box 1647 New Milford CT 06776**  
Boathouse: 172 Grove St. New Milford, CT 06776, 860-350-4004  
Email-gmsrowing@gmail.com Webpage www.gmsrow.com