



**Registration Form for Sculling Clinic August 13<sup>th</sup> – 17<sup>th</sup>**

**Sessions:**

August 13<sup>th</sup>-14<sup>th</sup> \_\_\_\_\_ (\$225)

August 15<sup>th</sup>-16<sup>th</sup> \_\_\_\_\_ (\$225)

August 17<sup>th</sup> \_\_\_\_\_ (\$125)

Name of Rower: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Years Rowing: \_\_\_\_\_

Brief Summary of Rowing Experience (both sweep and scull):

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Please mail this completed form and enclosed check (payable to Kristin Goodrich) to:

Kristin Goodrich  
1230 18<sup>th</sup> Ave, apt 3  
San Francisco, CA 94122

Confirmation will be emailed upon receipt of registration and payment.