



Registration Form for Sculling Clinic August 25th – August 29th, 2010

Sessions:

August 25th _____ (\$125)

August 26th-27th _____ (\$225)

August 28th-29st _____ (\$225)

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):

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

Kristin Goodrich
315 N. 50th St, apt 303
Seattle, WA 98103

Confirmation will be emailed upon receipt of payment.