



**Registration Form for Sculling Clinic December 28<sup>th</sup> – January 2<sup>nd</sup>**

**Sessions:**

December 28<sup>th</sup>-29<sup>th</sup> \_\_\_\_\_ (\$225)

December 30<sup>th</sup>-31<sup>st</sup> \_\_\_\_\_ (\$225)

January 2<sup>nd</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  
315 N. 50<sup>th</sup> St, apt 303  
Seattle, WA 98103

Confirmation will be emailed upon receipt of payment.