



BOAT STORAGE 2019

Name _____ Age _____ Birth date _____

Street Address _____ City _____ State _____

Zip _____ Home Phone _____ Cell phone _____

Email _____

6 months

Inside Fee: \$260 plus tax

Outside Fee: \$150 plus tax

Boat Make _____ Color _____

Boat VIN # _____

Name of Insurance Company _____

Policy Number _____

GMS Rowing Center is not responsible for any damage or theft of your personal equipment.

Signature: _____ Date _____

PAYMENT Cash or Check - This is not refundable

- Enclosed is my payment in full by check, payable to GMS Rowing Center.

Mailing Address: PO Box 1647 New Milford CT 06776

Boathouse: 172 Grove St. New Milford CT 06776

860-350-4004 webpage: www.gmsrow.com

email: gmsrowing@gmail.com