



JUNIOR LEARN TO ROW/NOVICE FORM

Summer 2024

June 17th - August 9th

First Name _____ Middle Name _____

Last Name _____ Age _____ Birthdate _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Rower's cell phone _____

Rower's email _____ Parent's Names _____

Mother's Cell _____ Father's cell _____

Mother's email _____ Father's email _____

School name _____ Year ____ 8th ____ 9th ____ 10th ____ 11th ____ 12th ____

Fees Learn to Row- Monday, Wednesday, Friday ____ \$800.00

Novice- Monday/Tuesday/ Wednesday/ Friday ____ \$950.00

Time: 3:30pm- 5:30pm

I confirm my child can swim 100 feet in light clothing: Yes/No

Signature: _____

I give permission for my child to participate in the GMS Rowing Program.

Signature (Parent or Guardian) _____

PAYMENT (Check or Cash) - This is nonrefundable, 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 www.gmsrow.com