



**PRIVATE LESSON
2024**

Name _____ Age _____ Birth date _____
Street Address _____ City _____
State _____ Zip _____ Home Phone _____
Cell Phone _____ Email Address _____

**Fees: 1x (Single) \$120
2x (Double) \$140
4x (Four) \$160**

Payment: - Full payment is due by cash or check, payable to GMS Rowing Center

Declaration of Health and Swimming Ability:

I confirm that I have no unknown medical or physical condition that might affect me during physical exercise. **Yes/No**

I confirm I can swim 100 feet in light clothing. **Yes/No**

Signature _____ **Date** _____

Mailing Address: PO Box 1647 New Milford CT 06776
Boathouse: 172 Grove St. New Milford, CT 06776, 860-350-4004
Email-gmsrowing@gmail.com Webpage www.gmsrow.com