

JUNIOR REGISTRATION FORM FALL 2025

AUGUST 25th - NOVEMBER 7th

First Name	Middle Name		
Last Name	AgeBirthdate		
Street Address	City	State	Zip
Home Phone	Rower's cell phon	e	
Rower's email	Parent's Names		
Mother's Cell	Father's cell		
Mother's email			
School Name	Year 7 th _	_8th9th10t	h11th12th
Fees 5+ days	Monday-Friday (Some Saturda	ys) \$1200	00.00
4 days	Mon/Tues/Wed/Fri	\$1050	.00
<i>Time</i> : 3:30-5:30pm			
Additional Fees: Regattas- To b	e charged separately.		
-	LOO feet in light clothing: Yes/No		
	to participate in the GMS Rowing Pro	ogram	
PAYMENT (Check or Cash) - T	his 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