

STUDENT MEMBERSHIP APPLICATION

Litchfield Hills Rowing Club

Student program for high school

PLEASE PRINT LEGIBLY

STUDENT INFORMATION

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: () _____ E-mail: _____
High School: _____
Graduation Year: _____ Date of Birth: _____
Previous rowing experience: _____

EMERGENCY CONTACT INFORMATION

Name: _____
Phone: _____

PARENT OR GUARDIAN INFORMATION (REQUIRED IF STUDENT IS UNDER 18 YEARS OF AGE)

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone : () _____
E-mail: _____

COST OF MEMBERSHIP

| Year | Spring Season |
|-------------|----------------------|
| 2007 | \$250 |

Make checks payable to: Litchfield Hills Rowing Club, Inc. (LHRC)
Litchfield Hills Rowing Club
P.O. Box 42
Litchfield, Ct 06759

All equipment is owned by the Litchfield Hills Rowing Club, Inc.

Coach: Maggie Dreher
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Phone: (860) 491-3304