

Litchfield Hills Rowing Club  
 P.O. Box 42 Litchfield CT 06759  
 litchfieldhillsrc.org

**2009 MIDDLE SCHOOL SUMMER ROWING**  
**MONDAYS, WEDNESDAYS AND FRIDAYS 7:30AM - 9:00 AM**  
**JULY 6, 2009 THROUGH AUGUST 21, 2009**

**PLEASE PRINT LEGIBLY**  
**STUDENT INFORMATION**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_  
 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: \_\_\_\_\_  
 Student E-mail: \_\_\_\_\_

<b>SWIMMING ABILITY:</b> ___ YES ___ NO
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<a href="http://www.usrowing.org">www.usrowing.org</a> USRA Membership is REQUIRED Membership #: _____ Expiration Date: _____
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**COST OF MEMBERSHIP**

Year	Summer Season	PAID
2009	\$100	

Head Coach: Maggie Dreher    Phone: (860) 491-3304  
 maggiedreher@hotmail.com