

Olympia Area Rowing
Basic Sculling Class - 2011
Registration

Name: _____ Email: _____

Address: _____ City/Zip: _____

Phone: _____ Cell: _____ Todays Date: _____

Preferred Date(s): *(indicate first and second choice)*

Session 1: April 22, 23, 25 & 27 _____

Session 2: May 20, 22, 24 & 25 _____

Session 3: June 17, 18, 20 & 22 _____

Session 4: July 8, 10, 11 & 13 _____

Session 5: July 29, 31, Aug 1 & 3 _____

Session 6: August 12, 13, 15 & 17 _____

Payment Enclosed: **Note:** *Payment reserves class spot*

_____ \$175 class fee for non OAR member (**Note:** *If you join OAR \$50 will go towards your membership fee*)

_____ \$50 class fee – OAR Member

Send check and forms to Joan Cullen, 5623 Devonshire St SE, Olympia WA 98501. Make checks payable to "Olympia Area Rowing" or "OAR" – Note check for "Basic Sculling Class" and the session.

Documents enclosed (documents can be downloaded at www.OlympiaAreaRowing.org)

_____ Olympia Area Rowing Release of Liability

_____ OAR Masters Information Sheet

_____ Valley Athletic Club

OR _____ I am a member of the Valley Athletic Club

_____ Olympia Area Rowing Swim Test Form

To check class openings, call Joan Cullen (360) 491-7687 or email: GmaJoan5@comcast.net

Thank You! We are looking forward to introducing you to the joy of rowing on Puget Sound!

Do not write below this line:

Check amount: _____ Check # _____ Date received: _____

Registered in _____ Class

Confirming email sent: _____

Notes: _____