

**STOCKTON ROWING CLUB**  
**LEARN TO ROW - TASTE OF ROWING**  
**REGISTRATION**

Please complete, sign and mail all forms with your non-refundable deposit. Please bring the remainder of the fees with you to the first class. Space is limited and registrations are accepted on a first-come, first-served basis. Please make your check payable to:

Stockton Rowing Club  
Attn: Learn to Row  
4950 Buckley Cove Way  
Stockton, CA 95219

**PLEASE CHECK ONE**

- |  |             |                |
|--|-------------|----------------|
| <input type="checkbox"/> Adult Learn to Row  | Date: _____ | Payment: _____ |
| <input type="checkbox"/> Junior Learn to Row | Date: _____ | Payment: _____ |
| <input type="checkbox"/> Taste of Rowing     | Date: _____ | Payment: _____ |
| <input type="checkbox"/> Learn to Scull      | Date: _____ | Payment: _____ |

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Email: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

Parent name, email & phone number (if under 18):  
\_\_\_\_\_  
\_\_\_\_\_

**IN CASE OF EMERGENCY CONTACT:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about Stockton Rowing Club?  
 Flyer    SRC Website    Word of mouth    Other \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent (if under 18): \_\_\_\_\_