

HULL LIFESAVING MUSEUM

Summer 2008 Rowing Registration

PLEASE COMPLETE ALL INFORMATION (Please print clearly!)

Rower's Name: _____

Street: _____ City: _____ Zip: _____

Home Phone: _____ Age: _____ Date of Birth: _____

School: _____ Grade: _____

Parents' Names: _____

Work Phone (Mother): _____ Father: _____

Cell Phone (Mother): _____ Father: _____

In Case of Emergency Please Notify: _____

Contact Phone: _____ Contact Cell #: _____

Participant's email address: PLEASE PRINT _____

Mother's email address: PLEASE PRINT _____

Father's email address: PLEASE PRINT _____

Any medical conditions we should be aware of while your child is rowing?

Summer Rowing Fee: \$125 HLM Members; \$165 Non-Members

Child will be participating: Mondays Wednesdays

Check enclosed Check amount: \$ _____

Credit Card MasterCard Visa

Credit Card Number: _____ Expiration Date: _____

Card Holder's Signature:

Mail with payment to: Hull Lifesaving Museum, PO Box 221, Hull, MA 02045