



# Junior Program Winter Training 2011-2012

## HOW TO REGISTER:

1. Complete the registration form below and if you choose, the credit card authorization on the back.
2. Your liability waivers should be on file. If not, please contact the office for the proper forms.
3. Enclose check payable to Pocock Rowing Center, indicate your child's name in the memo line, then MAIL to the Pocock Rowing Center, or DROP OFF at the Pocock Rowing Center.

Pocock Rowing Center  
ATTN: Juniors  
3320 Fuhrman Ave. East  
Seattle, WA 98102

For more info call:  
Matt Lacey, Director or  
Nat Hopper, Office Manager  
206.328.0778  
info@pocockrowingcenter.org

4. **PLEASE REGISTER EARLY** – Payment is due at time of registration. In some instances partial refunds may be available.

## Session I:

### Winter Training Days:

November 14 – December 16 (no practice Nov. 24-25)

Monday to Friday: 4pm to 6pm

## Session II:

### Winter Training Days:

January 2 - February 3

Monday to Friday: 4pm to 6pm

**\$125 per Session**

## JUNIOR CREW REGISTRATION FORM

Session I  or II  or I and II

Parent/ Guardian Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_ Date: \_\_\_\_\_

*(If contact info is the same as the fall season, you don't need to fill out the following info.)*

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

Phone (h) ( \_\_\_\_ ) \_\_\_\_\_ (w) ( \_\_\_\_ ) \_\_\_\_\_ (emergency) ( \_\_\_\_ ) \_\_\_\_\_

Parent Email: \_\_\_\_\_ Participant's Email: \_\_\_\_\_

Participant Name		Participant Signature	Birth Date	Seasonal Fee
Last	First	parent if participant is under 18		
				<b>\$125 per Session</b>



## PRC Credit Card Authorization Form 2012

Would you like to charge your card already on file?    Y    N

Participant Name: \_\_\_\_\_

Name (as it appears on card) \_\_\_\_\_

Card number: \_\_\_\_\_

3 Digit Security Code \_\_\_\_\_

Exp. Date (mo/yr) \_\_\_\_\_ MASTER CARD or VISA  
Please check your expiration date

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

Is the billing address for this card the same as listed in Page 1?    Yes    No

If No, please provide us with the billing address:

Street: \_\_\_\_\_

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

Zip code: \_\_\_\_\_