



SNRC-BROCK MASTERS ELITE SCULLING CLINIC



Registration Request Form

Please complete the following information and send to SNRCMastersclinic@rowsnrc.ca. (You can cut and paste this information directly into an email or complete this document and attach it to an email).

The intent of gathering this information is so that we can ensure that this clinic is right for you and that you can get the most value from it.

Upon receipt of the information, you will receive a code and further instructions which you will use to complete your registration and payment for the clinic. Completing and sending in the following information will *not* secure your spot in the clinic. **Full registration and payment must be completed for your spot to be confirmed!**

Name:

Home Rowing Club:

Phone number:

Email:

Indicate whether you have raced a 1x or 2x at the following regattas:

<input checked="" type="checkbox"/> all that apply	Regatta	Year(s) raced
	Tony Biernacki Sr. Memorial Regatta	
	Ontario Master's Championships	
	Royal Canadian Henley Masters	
	Muskoka Fall Classic	
	Head of the Welland	
	Head of the Trent	
	Other (please specify)	