



2010 Adult Class Registration

Name _____ E-mail _____

DOB: _____

Address _____ Phone (____) _____

City _____ State _____ Zip _____

Business/ School _____

How did you hear about IRC?

Emergency Contact Name and Phone _____

Relevant Emergency Medical Info:

Class Registration

- Learn to Row Class (\$190): Code _____ T-shirt Size _____
- Rec Rowing (\$190) Month _____
- Learn to Scull Class (\$190) Code _____ Amount Due _____
- Other Name/ Code _____

Please initial that you have read the following

____ The above programs are offered through the Indianapolis Rowing Center and not Indy Parks. All applicable park gate fees apply to IRC rowers and class participants.

____ I understand that in the case of my cancellation, my payment is 50% refundable or fully transferable to another 2010 IRC class offering.

____ IRC reserves the right to cancel classes not meeting minimum enrollment and will fully refund participants who are unable to change to a new date.

Please return this form with the other forms required for membership and payment

- Swim test (every 4 years)
- 2010 US Rowing Waiver
- Check payable to IRC or cc info

Mail to: IRC Registration
PO Box 53223
Indianapolis IN 46253

Please Complete for Credit Card Payment

Name on Card _____ Billing Zip _____

Card Number _____ Exp Date _____

Amount to be charged _____ Signature of card holder _____

Office use: ENTERED _____ DATE _____ PAID By Ck # _____ CC in BH _____