



INDOOR ROWING INSTRUCTOR TRAINING REGISTRATION FORM

UCanRow2 – p (906.482.8748) – f (877.785.2645)

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REGISTRANT INFORMATION

Name: _____ Email: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: () _____ Cell Phone: () _____

Are you currently ACE certified? Yes No If yes, certification #: _____

Other Certifications (USRA, AFAA, ACSM, etc.): _____

Please circle all that apply:

rower coach personal trainer group fitness instructor other: _____

Name of facility where you intend to instruct: _____

Facility Address: _____

Facility Phone: () _____ # of indoor rowers: _____ Model(s): _____

WORKSHOP REGISTRATION

Workshop Date(s): _____ Workshop Location: _____

Concept2 Indoor Rowing Foundations (IRF) \$225/person Total: _____

PAYMENT METHOD

Please check one:

Check/Money Order Payable to UCanRow2 VISA MasterCard Discover AmEx

Card Number: _____ - _____ - _____ - _____ Expiration Date: ___/___/___

Cardholder's Signature _____ Date: _____

I authorize UCanRow2 to charge my credit card for the above total amount.