

EAST ARM ROWING CLUB

Regatta Application/Questionnaire

Please Print Legibly

NAME: _____

TELEPHONE: DAY: _____ EVENING: _____

EMAIL: _____

SEX: M _____ F _____ AGE: _____ HT: _____

DO YOU HAVE A TEAM ALREADY? Please note their names: _____

TEAM (Sponsor) NAME (If you have one): _____

Practice will be one day per week. Please indicate preferred times/days and also note days you CANNOT practice.

MON	5:00 to 6:00 pm _____	6:00 to 7:00 pm _____
TUES	5:00 to 6:00 pm _____	6:00 to 7:00 pm _____
WED	5:00 to 6:00 pm _____	6:00 to 7:00 pm _____
THURS	5:00 to 6:00 pm _____	6:00 to 7:00 pm _____
FRI	5:00 to 6:00 pm _____	6:00 to 7:00 pm _____
SAT	7:00 to 8:00 am _____	9:00 to 10:00 am _____
SUN	7:00 to 8:00 am _____	9:00 to 10:00 am _____

CAN YOU SWIM? Yes _____ No _____ **LIFT 35 LBS** Yes _____ No _____

HOW WOULD YOU RATE YOUR CURRENT PHYSICAL CONDITION:

Excellent _____ Very Good _____ Good _____ Fair _____ Poor _____

HOW COMPETITIVE ARE YOU?

Competitive _____ Somewhat competitive _____ Just want to have fun _____

ARE YOU INTERESTED IN BECOMING A MEMBER OF THE ROWING CLUB AFTER THE REGATTA IS OVER? (CURRENT MEMBERSHIP IS \$400)

Yes _____ No _____ Possibly _____