



# U.S. VETERANS' ROWING & KAYAKING ADULT REGISTRATION FORM

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX: M F

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

PREVIOUS ROWING EXPERIENCE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note:** All rowers must be competent swimmers

## EMERGENCY CONTACT INFORMATION:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

[www.veteransrowing.com](http://www.veteransrowing.com)

**PLEASE FAX YOUR APPLICATION TO**

**(203) 383-2797**