



U.S. VETERANS' ROWING PROGRAM

COLLEGE 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.militaryrowing.com

PLEASE FAX YOUR APPLICATION TO

(203) 383-2797