

EAST ARM ROWING CLUB

Regatta Application/Questionnaire

(Please Print Legibly)

NAME: _____

TELEPHONE INFO: 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 _____	8:00 to 9:00 am _____	9:00 to 10:00 am _____
SUN.	7:00 to 8:00 am _____	8:00 to 9:00 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/learn

ARE YOU INTERESTED IN BECOMING A MEMBER OF THE ROWING CLUB AFTER THE REGATTA IS OVER? (CURRENT MEMBERSHIP IS \$350)

__yes __no __possibly