Team: Men___ Women ___
Varsity___ Novice ___

River City Rowing Club Junior Crew
Rower – Coxswain Information Sheet
2006-2007

Rower Information:

/ /

Name: Last First Middle Birthdate

Address: Number, Street City State Zip

Telephone Number Rower/Cox'n E-mail Address

Gender: Male/Female

School Attending Grade Level

Height _____ Weight _____ Port/Starboard/Both/Coxswain_____

Parent/Guardian Information:

Primary Parent(s)/Guardian(s) Name(s)

Parent(s)/Guardian(s) Address (If different from Rower/Coxswain)

Telephone Number: Day Evening Cell

At which number are you most likely to be reached between 4 pm and 7 pm, Monday – Friday? _____

Parent(s)/Guardian(s) Email Address

Additional Parent(s)/Guardian(s) Name(s)

Additional Parent(s)/Guardian(s) Address

Additional Parent(s)/Guardian(s) Telephone Email Address

Other Information?

Should any of the above information change please email Sally DeLaMora @ Sdelamora@aol.com . Thank you!