

LAST NAME

CLASS OF

SPRING 2008 SUA CREW ROWER INFORMATION

ROWER NAME _____

ROWER ADDRESS _____

PARENT'S NAMES _____

ADDITIONAL PARENT ADDRESS _____

ROWER E-MAIL _____

PARENT E-MAIL _____

PHONE NUMBERS: Home _____

Work _____

CELL NUMBERS: Mom _____ Dad _____

Rower _____

ROWER DATE OF BIRTH _____

MONTH/YEAR FIRST ROWED _____ # OF FALL SEASONS _____

OF SPRING SEASONS _____

BELOW TO BE COMPLETED BY COACH/TEAM SECRETARY

ROWER HEIGHT _____ ROWER WEIGHT _____

ROWER DATE OF SWIM TEST & VIDEO _____

DATE ROWER WAIVER HANDED IN _____

COPY OF EMERGENCY MEDICAL FORM & DATE _____

DATE DUES PAID TO SUA CREW _____

RECEIVED BY _____