Space Coast Crew Adult Rowing Program Application

Name: _____

Address: _____

City, State, Zip: _____

Home phone: _____ Cell phone: _____

Work phone: _____ Date of Birth: _____

Email: _____

Athletic experience: _____

Rowing experience: _____

Please Circle: Port Starboard Sculling None

I hereby apply for SCC ARP Membership (check one):
See guidelines for details

____ Primary Adult Member **Annual cost: $400.00***

____ Secondary Family Member **Annual cost: $200.00***
List primary Adult Member: _____

____ ARP Coxswain Member (Ages 19 and above) **No charge**
Experience or board approval required

Make checks payable to Space Coast Crew Boosters
**** First time member's fee prorated on quarterly basis***

Required accompanying documents:
____ Release of Liability Form (waiver)

I have read and agree to abide by the SCC Adult Rowing Program guidelines.

_____ _____
Rowers Signature **Date**

SCC receipt date _____ **SCC approval date _____**