

Space Coast Crew Adult Rowing Program Application

Name: _____

Address: _____

City, State, Zip: _____

Home phone: _____ EMAIL: _____

Work phone: _____ Date of Birth: _____

Rowing experience: _____

Please Circle: Port Starboard Sculling None

I hereby apply for SCC Adult Membership (check one):

See guidelines for details

_____ **Adult Member with Volunteer Hours** Annual cost: **\$300.00**

_____ **Second family member with Hours** Annual cost: **\$150.00**
List primary Adult Member with Hours

_____ **Adult Member w/o Volunteer Hours** Annual cost: **\$600.00**

_____ **Second family member w/o Hours** Annual cost: **\$300.00**
List primary Adult Member without Hours

_____ **Adult Coxswain Member (Ages 19 and above)** **No charge**
Experience or training required

Make checks payable to Space Coast Crew Boosters

Required 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