



ESSEX ROWING

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ESSEX ROWING CLUB, INC. MASTERS COMPETITIVE TEAM APPLICATION

Name _____
Email (print VERY clearly) _____
Street Address _____
City _____ State _____ Zip _____
Phone (home) _____ Phone (mobile) _____

Date of Birth _____ Age _____ Today's Date _____
Height _____ Weight (lbs) _____

JL Unisuit Size _____ (top) _____ (bottom) Shirt/Tank Size _____

USRowing Number (required) _____ Current Club Affiliation _____
Other Club Affiliations _____

Current Coach's Name _____
Email (print VERY clearly) _____
Phone (home) _____ Phone (mobile) _____

of Seasons Experience:

Rowing Port	Spring _____	Fall _____	Summer _____	Winter _____
Rowing Starboard	Spring _____	Fall _____	Summer _____	Winter _____
Sculling	Spring _____	Fall _____	Summer _____	Winter _____

Personal Best 2k Erg Score _____ Date? _____
Most Recent 2010 2k Erg Score _____ Date? _____

Personal Best 4k/6k Erg Score _____ Date? _____
Most Recent 4k/6k Erg Score _____ Date? _____

Other Notable Erg Scores _____

Rowing Experience/Achievements _____

