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

____ Individual Membership **Annual cost:** **$200.00***

____ Family Membership **Annual cost:** **$300.00***
List additional family members: _____

____ ARP Equipment Fee of $100 per Member **$_____***
For members not storing personal boats

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** _____