



LYMAN ROWING ASSOCIATION • 5703 Red Bug Lake Road, Suite 156, Winter Springs, FL 32708

LRA/SCR INTEREST FORM

I am interested in:

High School Program

Middle School Program

Date: _____

Rower Information

Name: _____

Address: _____

_____ zip _____

Rower cell: _____ Home phone: _____

Date of birth: _____ Age: _____ Gender: _____

Grade: _____ School name (Middle school): _____

Rower's email: _____

Special needs: _____

Parent/Guardian Information

Mother's name: _____ cell: _____

-email: _____

Father's name: _____ cell: _____

-email: _____

Legal Guardian: _____ cell: _____

-email: _____

EMERGENCY CONTACT (name and phone): _____

Referred by: _____

After completing this form, please email it to Sheryl Enders, Secretary, lymanrowingsecretary@gmail.com.