

Shenendehowa Adult Crew  
Adults 18 years and Older

Name \_\_\_\_\_

Address (Street/Town/Zip) \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Sex (M/F) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Are you a Rowing Alumni? \_\_\_\_\_

If Yes, Name of High school Program or College Program \_\_\_\_\_

email to:

Ellen Sherry  
Adult Rowing Registration  
emsherry@outlook.com

