

Ocean Community YMCA Erg ThROWdown

Pre-Registration

Please fill out either as an individual rower, or for the “Best Eight” event

School, Affiliation: _____

___ **Men’s Event**

___ **Women’s Event**

Individual Rower:

Rower Name: _____

Age _____

___ **Junior** ___ **Collegiate** ___ **Men’s Masters** ___ **Women’s Masters**

Best Eight Event:

Boat Number _____ (i.e) “Novice” “1st” “2nd” “3rd”

1. Rower Name: _____

2. Rower Name: _____

3. Rower Name: _____

4. Rower Name: _____

5. Rower Name: _____

6. Rower Name: _____

7. Rower Name: _____

8. Rower Name: _____