



THE 2009 HEAD OF THE CHARLES® REGATTA

BOATING FORM

PRINT ALL INFORMATION LEGIBLY.

Event Name: _____

Institution: _____

Phone Number (Day): _____

Phone Number (Evening): _____

Launch Site: _____

			<u>Youth, Masters, Sr. Masters:</u>		
	First Name	Last Name	Name of Rower Being Replaced (if any)	Age on Race Day	Birth Date
Bow	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____
Stroke	_____	_____	_____	_____	_____
Cox	_____	_____	_____	_____	_____