



Western Reserve Rowing Association Coxing Application

Name	_____	Your	_____
Date Submitted	_____	Mailing	_____
Phone	_____	Address	_____
Email	_____		_____

WHICH PROGRAMS ARE YOU INTERESTED IN COXING *(Check all that apply)*

- Summer Rowing League: Spring ____ Summer ____ Fall ____
- Recreational Rowing: Spring ____ Summer ____ Fall ____
- Masters Rowing: _____
 - Able to attend out of town regattas in USA ____ in Canada ____ *(Passport required)*
- Elite/Pre-Elite Program: _____
- Other:
 - _____
 - _____

DATES AND TIMES AVAILABLE

- First Date Available: _____
- Last Date Available: _____
- Days and Times Available:
 - Monday _____ Times _____
 - Tuesday _____ Times _____
 - Wednesday _____ Times _____
 - Thursday _____ Times _____
 - Friday _____ Times _____
 - Saturday _____ Times _____
 - Sunday _____ Times _____

COXING EXPERIENCE AND CERTIFICATIONS

- Cleveland Rowing Foundation CQL Rating
 - None ____ CQL 1 ____ CQL 2 ____ CQL 3 ____
- HS, College, Club and Other Coxing Experience:
 - _____
 - _____
 - _____
 - _____

OTHER CRF AFFILIATION

- Are you a rower or cox with any other CRF member organization this year?
 - Yes ____ No ____
 - If Yes, what organization: _____

ROWING EXPERIENCE