

CASTLE DORE ROWING CLUB
www.castledorerowingclub.org.uk
REGISTERED CHARITY NO.1111204

VISITING ROWERS (If previously completed, name and date of row only required)

NAME.....

ADDRESS.....**Post Code**

HOME PHONE No..... **MOBILE PHONE No**.....

EMAIL.....**DATE OF BIRTH**.....

ROWING/ SCULLING LEVEL..... **ROWING CLUB**.....

DATE(S) OF ROW :

I agree to abide by the rules of the Club and observe the Code of Conduct as set out in the Club Handbook (www.castledorerowingclub.org.uk; click on Links) and the British Rowing Code of Conduct found at www.britishrowing.org. I confirm that I can swim 100 metres in light clothing, that I am familiar with the British Rowing Safety Code and that I know of no medical reason why I should not take part in Club activities. I understand that the information given above may be stored on computer by officers of the club but will be used only for the purposes of administering the club and any associated rowing activities - it will not be shared with anyone outside the club without my consent.

Visitors Fees: £5 an outing

Please hand fees to the Outing Leader or please pay the amount to:

Castle Dore Rowing Club

Beneficiary sort code: **40 - 40 - 04** Beneficiary account number: **41014374**

Quoting reference (*your name*).....

Signed **Date**.....

Captain Jo Virr: virr@btinternet.com Membership Secretary: gilda.davies@btinternet.com