



Adaptive Rowing Awareness Day 1st February 2009

Name

Age (if under 18)	Gender.
ARA No. (if applicable)	School/Club(if applicable)

Address.	
e-mail address.	Phone no.
Emergency Contact name.	Emergency Phone no.

<p>Please give information regarding your disability and swimming ability as this will help us to structure activities on the day.</p>
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<p>Send application to arrive by 26 January 2009.</p> <p>Eddie.bryant@ara-rowing.org</p>
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Signed.
Signed by Parent/Guardian if under 18.