Black Bear Sculling
2010 Application

Name:_____

Address:_____

_____

Email Address:_____

Home Phone:_____ Work Phone:_____

Age:_____ Vegetarian? Yes / No Bringing own Boat? Yes / No

Roommate Preference:_____

Skill level: Beginner Interm ediate Expert

Club or Team:_____

Session: July 18 - 23
July 25 - 30
August 1 - 6
August 8 - 13
Weekend - August 6 – 8

I hereby authorize the directors of Black Bear Sculling to act for me according to their best judgment in any emergency medical situation.

Enclosed, please find a check for $300.00 made payable to "Black Bear Sculling" as a deposit. I understand this reservation deposit is non-refundable after July 1, 2010.

By signing this waiver, I hereby release Black Bear Sculling, coaches and staff of any and all liability arising from my injury, death or loss of property during this sculling program realizing sculling is an action sport posing significant risks.

Signature:_____

Please mail to: Black Bear Sculling
c/o Steve Wagner
200 Plainfield Avenue
Piscataway, NJ 08854

Upon receipt of this application, detailed instructions will be sent to you.