

**APPLICATION FOR MEMBERSHIP IN THE
NEW ENGLAND INTERSCHOLASTIC ROWING ASSOCIATION**

Date _____

School Name _____

Address _____

Head Coach Name and Number _____

Head Coach e-mail address _____

Athletic Director Name and Number _____

Athletic Director e-mail address _____

Boat Class _____

Number of years rowing program has been in existence _____

**The undersigned certify that all participants are full time students at the school.
The program is recognized and supported by the school.
All participants, coaches, and administration agree to abide by the NEIRA bylaws
and regulations, and agree to uphold the values of sportsmanship through the
NEIRA sportsmanship guidelines.**

Head Coach

Athletic Director/Administrator
