

Rowing Swim Test

Name:		
Address:		
City:	State:	Zip:
Home Telephone:	Work Telephone:	

Completed 10 minutes of treading water and then was able to put a life jacket on while still in the water.

_____/_____
Swimmer Signature Date

_____/_____
Witness Signature Date



Anchorage Rowing
ASSOCIATION
P.O. Box 242161
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