

application for returning students

on-water



Spaces fill up quickly so please submit your application as soon as possible. Call 718.466.5799 for more information.

_____	_____	_____	____/____/____
first name	mddl. initial	last name	birth date

street address			

_____	_____	_____	_____
city	state	zip	
_____		_____	
email	name of parent or guardian		

_____	_____	_____	_____
school		grade	age
_____		_____	
name of advisor	name of guidance counselor		
(____)	(____)	(____)	(____)
home phone #	student cell #	parent's cell #	parent's work phone #

Please answer the following questions. There are no wrong answers, so please answer honestly. If you do not feel you are able to answer a question, please explain why.

Describe something you are looking forward to about being part of the On-Water program. Why are you interested in coming back to Rocking the Boat?

What do you think will be the most challenging part of this program?

What have you learned at Rocking the Boat that will help you in participating in the On-Water Program?

