

# POLE VAULT FACTORY CLUB APPLICATION

December 2021

DATE \_\_\_\_\_ USATF # \_\_\_\_\_ B-day \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PHONE # TO TEXT TO \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ AGE \_\_\_\_\_ MALE / FEMALE

SIZE AND LENGTH POLE YOU USE \_\_\_\_\_

HIGHEST COMPETITIVE HEIGHT \_\_\_\_\_

GOAL FOR THIS YEAR \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

I agree to follow the safety guidelines of the club and coaches and I understand that I will be removed from the club if I choose not to follow those safety guidelines.

VAULTER'S SIGNATURE \_\_\_\_\_

**SINGLE PRACTICES**

**\$20**

\_\_\_\_ TUES 6:30-8:30  
\_\_\_\_ WED 6:30-8:30  
\_\_\_\_ SUN 12:30-2:30  
\_\_\_\_ SUN 2:30-4:30

make check payable to  
Alan Roark  
Write "vault club" in memo line  
Mail to:  
Alan Roark  
5474 Detroit Rd.  
Sheffield Village, Oh 44035

