

# POLE VAULT FACTORY CLUB APPLICATION Fall 2019

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 \_\_\_\_\_

|                       |       |
|-----------------------|-------|
| ONE PRACTICE/ WEEK    | \$180 |
| TWO PRACTICES/ WEEK   | \$360 |
| THREE PRACTICES/ WEEK | \$490 |

|           |            |
|-----------|------------|
| ____ TUES | 6:45-8:45  |
| ____ WED  | 6:45-8:45  |
| ____ 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

