

POLE VAULT FACTORY CLUB APPLICATION Fall 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 _____

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

