

POLE VAULT FACTORY CLUB APPLICATION Summer 2024

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 _____

PAY PER PRACTICE \$20

____ TUES 4:45-6:45

____ WED 4:45-6:45

____ THURS 4:45-6:45

make check payable to
Alan Roark
Write "vault club" in memo line
Mail to:
Alan Roark
29 Asbury Lane
Elyria, Oh 44035

