Super Hero Vault!



Sponsored by **KP Athletics**

What: Pole Vault Competition

Where: Rockford HS

4100 Kroes Rd., Rockford, MI 49341

When: Sunday, August 12th 2018

Who: All Pole-Vaulters young and seasoned are invited!

Cost: \$40 (includes T-shirt and \$10.00 non-refundable application fee)

for all entries post marked no later than August 9th, 2018(late fee

is \$10).

Awards for all division winners.

Register today: michianatiming.com/registration

www.grandhavenbeachvault.com

Divisions:

Tentative Time schedule:

Sunday: 10:00a.m. Ages 14 & Under Boys & Girls

11:00a.m. 15& 16 Girls

. 15 & 16 Boys

1:00p.m. College/Open/Masters

2:00p.m. 17 & 18 Girls

17 & 18 Boys

Your vault may start later but will not start earlier. There will be a 30-min. warm up session between each vault session. If you have any questions please contact:

Phone Email

Coach Kevin Patterson (Rockford) 616-560-7204 <u>KPATTER341@AOL.COM</u>

Come Vault in your favorite Super Hero get up. Awards for best costume!

Free Food for all contestants(burgers/hotdogs, etc.)

Details: www.grandhavenbeachvault.com

Register Online: michianatiming.com/registration

Super Hero Vault Entry Form

(make copies, give one to a friend)

REGISTER ONLINE:

michanatiming.com/registration

Name						
Phone						
Address					-	
AddressCity Email(printclearly!)	_State	MI_	Zip			
Email(printclearly!)						
Division:						
Age (day of the vault)						
Personal best in competit	tion				2	
A possible starting heigh	t for you	u:		_		
	•				1	
Parental consent/participat	ion waiv	er:			1	
I hereby grant permission	ı for my o	child t	o attend the	Super Hero va	ault. I verify that my child has had	
* *	•			-	e activities related to the clinic. I	
-	-	•	-	•	result in serious injury, paralysis,	
•	•				evin Patterson, KP Athletics,LLC,	
	-				heir employees from any liability by my child. I also hereby grant	
	•		•		be of myself and/or child related to	
Super Hero Vault activities		•			•	
r		6,	r	, ,		
Participant Signature				Date		
Parental Signature(if und	er 18)*			Date		
*Single Parental Signatur	-				0 0	
We will contact you via emai	il (preferr	ed) or	phone with	the exact locat	tion and any changes to the	
schedule.				(† 40. 04	α\	
Entry Fee(includes \$10.00 no				(\$40.00	0)	
(Postmar	ked afte	er Au			00)	
			To	tal Enclosed	d	
Make all checks payable to:						
	62 Chels					
	Rockfor	CL. IVII				