

Flying Dragons Pole Vault Club

2016-2017 Season

Vaulter's Name _____ Cell# _____

Vaulter's Age as of January 1st, 2017 _____ Date of Birth: _____

School Attending: _____ Grade (2016/2017) _____

Address: _____ City _____ ZIP _____

Parent 1(or guardian) _____ Phone Number: _____

Parent 1 e-mail address: _____

Parent2(or guardian) _____ Phone Number: _____

Parent 2 e-mail address: _____

EACH VAULTER MUST HAVE A USATF# OR AAU# PRIOR TO PRACTICING.

USATF# _____ Exp date _____ AAU# _____ Exp date _____

Registration Fees:

Annual Fee: _____ \$20 _____ Yearly registration fee for everyone

Payment Options (choose)

Monthly Membership (\$200) _____ Due on the 25th of previous month

Sibling Monthly Member (\$75) _____ Due on the 25th of previous month

Daily fee (\$30) _____ Can pay for multiple sessions

Sibling Daily fee (\$15) _____ Can pay for multiple sessions

Total \$ _____

Payment Methods Accepted:

Check payable to Flying Dragons Pole Vault Club

Pay online at www.flyingdragonspv.com using PayPal

Automatic monthly deduction from your bank account-separate form required

2609 W. College Ave. Unit C, Normal, IL 61761