

TEAM HOOT

Helpful Information

Parents n Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Home Phone: _____ Alternate Phone: _____

Email _____

Other Helpful Information

Athletes name: _____ Years Pole Vaulting _____

Age: _____ High School Coach: _____

School: _____ Year in School _____

Other sports: _____ Anything I Should Know?: _____

Goals for this camp: _____

Emergency Contact Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Primary Phone: _____ Alternate Phone: _____

Relationship: _____