

The 16th Annual "Vertical Club" Winter High Jump Clinic Series

Presented by.....The Spa Fitness Center, 1585 Route 73, Pennsauken, NJ 08110
SW corner of Route 73 & Route 130 intersection (856) 661-9999

The High Jump with Mike Pascuzzo

*3-time Olympic Trials Competitor (PR 7'5 1/4")

*9-time All-American (University of Maryland)

*4-time USA National Team Member

*Coach of over 90 State Champions in 13 states

2012 Schedule

Sunday Semi-Private Lessons, 11am-12 & 12-1pm (\$75 each, 2 Jumpers per)

**You will be notified by e-mail if you are in the 11am session or the 12pm session!*

December 4, 11, 18 January 8, 15, 22, 29

February 5, 12, 19, 26 March 4, 11, 18, 25

Sunday Group Clinics, 1-3pm (\$50 each, maximum of 8 Jumpers)

December 4, 11, 18 January 8, 15, 22, 29

February 5, 12, 19, 26 March 4, 11, 18, 25

Friday Group Clinics, 6:30-9:30pm (\$75 each, maximum of 8 jumpers)

December 9, 16, 23, 30 January 6, 13, 20, 27

February 3, 10, 17, 24 March 2, 9, 16, 23

(Register Early, Space Is Limited!) (Ages 10 & Up, From ALL States Welcome!)

****For camps, clinics & personal coaching, visit www.verticaladventures.org**

ATTENTION: ALL dates are "Pre-Entry/Pre-Pay" ONLY!

**Refunds given for dates I have to cancel. If Inclement Weather, CALL (609) 304-5393*

Name _____ Age _____ School _____

Address _____ City _____ State _____ Zip Code _____

Cell # (_____) _____ E-mail (mandatory) _____

Sunday Semi-Private Lessons: December 4 ___ 11 ___ 18 ___ January 8 ___ 15 ___ 22 ___ 29 ___

February 5 ___ 12 ___ 19 ___ 26 ___ March 4 ___ 11 ___ 18 ___ 25 ___ x \$75 each = \$ _____

Sunday Group Clinics: December 4 ___ 11 ___ 18 ___ January 8 ___ 15 ___ 22 ___ 29 ___

February 5 ___ 12 ___ 19 ___ 26 ___ March 4 ___ 11 ___ 18 ___ 25 ___ x \$50 each = \$ _____

Friday Group Clinics: Dec. 9 ___ 16 ___ 23 ___ 30 ___ Jan. 6 ___ 13 ___ 20 ___ 27 ___

Feb. 3 ___ 10 ___ 17 ___ 24 ___ March 2 ___ 9 ___ 16 ___ 23 ___ x \$75 each = \$ _____

Mail Checks Payable to:

Total Pre-Payment Enclosed \$ _____

Michael Pascuzzo, 1 Sheffield Lane, Mt. Laurel, NJ 08054 / MPScooze@aol.com / cell (609) 304-5393

I hereby grant permission for my child to attend the Vertical Adventures "Vertical Club" Winter High Jump Clinic Series. I verify that my child has had a physical examination in the past year and is able to participate in the activities related to the clinic/competition series. I agree to indemnify, hold harmless and defend Michael Pascuzzo, Vertical Adventures, The Spa Fitness Center, Thomas Loperfido and/or their agents or employees from any and all liability for injury to my child, as well as any injury or damage caused by my child.

Parent/Guardian Signature & Date _____