THE SPA Fitness Center presents...

The 13th Annual "Vertical Club" High Jump Clinic Series

The Spa Fitness Center, 1585 Route 73, Pennsauken, NJ 08110

Southwest corner of the Route 73 & Route 130 intersection (856) 661-9999

Featuring:

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 *Coached over 75 State Champions in 13 states

2009 Late Winter/Early Spring Schedule

Sunday Clinics 3-6pm ($50 each Clinic, Register Early, maximum of 12)

March 1, 8, 15, 22, 29, 2009

April 5, 19, 2009

Tuesday Clinics 6:30-9:30pm ($50 each Clinic, Register Early, maximum of 12)

March 3, 10, 17, 24, 31, 2009

April 7, 14, 21, 2009

(*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 any and all cancellation dates. Look for E-mail Alerts!*

***ALWAYS CALL to confirm that evening's events @ (609) 304-5393**

Name_____Age_____School_____

Address_____City _____State _____Zip Code_____

Telephone(_____)_____*Cell phone # preferred

E-mail (mandatory)_____

Sun: March 1___8___15___22___29___ April 5___19___ x $50 each = $_____Pre-Paid

Tues: March 3___10___17___24___31___ April 7___14___21___ x $50 each = $_____Pre-Paid

Total Enclosed $_____

Mail Checks Payable to:

Michael Pascuzzo, 1 Sheffield Lane, Mt. Laurel, NJ 08054 / e-mail: 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_____