

THE SPA Fitness Center presents...

The 14th Annual "Vertical Club" Winter 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

*Coach of over 80 State Champions in 13 states

2009-2010 Schedule

Sunday Clinics (\$50 each Clinic, Register Early, maximum of 12 jumpers)

November 22, 2009 12:00-3:00pm
December 13, 20, 2009 2:00-5:00pm
January 10, 24, 31, 2010 2:00-5:00pm
February 7, 2010 12:00-3:00pm

Tuesday Clinics (\$50 each Clinic, Register Early, maximum of 12 jumpers)

December 8, 15, 22, 29, 2009 6:30-9:30pm

January 5, *12, 19, 26, 2010 6:30-9:30pm

***Last Chance To Tune-Up Before The NJSIAA State Relay Championships Meet. Bring Your Relay Partner!**

February *2, *9, *16, 2010 6:30-9:30pm

***Last Chance To Tune-Up Before The NJSIAA State Sectionals Championship Meet!**

***Last Chance To Tune-Up Before The NJSIAA State Group Championships Meet!**

***Last Chance To Tune-Up Before The NJSIAA Meet Of Champions!**

(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 dates I have to cancel. Look for E-mail Alerts!**

***ALWAYS CALL to confirm each evening's Clinic @ (609) 304-5393**

Name _____ Age _____ School _____

Address _____ City _____ State _____ Zip Code _____

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

Sun: Nov. 22 ___ Dec. 13 ___ 20 ___ Jan. 10 ___ 24 ___ 31 ___ Feb. 7 ___ x \$50 each = \$ _____

Tues: Dec. 8 ___ 15 ___ 22 ___ 29 ___ Jan. 5 ___ 12 ___ 19 ___ 26 ___ Feb. 2 ___ 9 ___ 16 ___ x \$50 each = \$ _____

Mail Checks Payable to: _____ Total Pre-Payment Enclosed \$ _____

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 _____