

INDOOR TRACK AND FIELD POLE VAULT COACH FORM

PLEASE COMPLETE THE INFORMATION BELOW AND RETURN VIA EMAIL TO:

rhonda@nchsaa.org

DEADLINE: November 11, 2024

Please print the following information

SCHOOL NAME: _____

REGION: (Example: 4A East)	
WOMEN'S POLE VAULT CO	ACH:	
MEN'S POLE VAULT COACH:		
By signing this form, I am verifying serve as the pole vault coach for many serve as the pole vault coach for many serve as the pole vault coach for many serve and required courses for their respectively. The serve are served to the serve and coaches must be on the school coaches for the state chambers of the state chambers.	by high school during the 2024 NC Championship meets. I certify the ective positions including, but not oncussion in Sports courses. The color of t	CHSAA State ley have completed limited to, the
Athletic Director's Name	Signature	Date
Principal's Name	Signature	Date