

2024 BILL FALK'S CAMPS- SUMMER 2024!!



The advertisement features a central graphic with a red and white color scheme. On the left, a pole vaulter is shown in mid-air against a cloudy sky. On the right, a female athlete is shown in mid-throw. In the center, a shield-shaped logo contains three stylized figures in red and white, representing different track and field events. Below the shield is a circular logo with a red braided border containing the text "Bill Falk's Camps, Inc." in white. Two QR codes are positioned on either side of the central logo. Text boxes provide dates for the camps: "POLE VAULT CAMP: JUNE 22 - JUNE 25, 2024" on the left and "THROWS CAMP: JULY 13 - JULY 16, 2024" on the right. A black banner at the bottom of the graphic reads "REGISTER TODAY FOR THE 2024 POLE VAULT & THROWS CAMPS!" in white capital letters.

POLE VAULT CAMP:
JUNE 22 - JUNE 25, 2024

THROWS CAMP:
JULY 13 - JULY 16, 2024

**Bill Falk's
Camps,
Inc.**

REGISTER TODAY FOR THE 2024 POLE VAULT & THROWS CAMPS!

Our emphasis is teaching fundamentals in small groups, not on competition. Our exceptional staff includes track & field college coaches who are specialists in their events. There is a trainer at all sessions. Our goal is to make sure each attendee leaves with added knowledge in his/her ability to accomplish the fundamentals necessary to improve performance.

All track & field schools are for boys/girls, high school and college athletes plus Masters' competitors. Tuition for all Bill Falk's schools includes School T-Shirt, instruction and insurance. Your deposit will be refunded if you cancel 2 weeks prior to the camp date. No refunds after that date. Bring your pole or implement if you wish, or we will provide one for you!

POLE VAULT CAMP

(Athletes & Coaches)

When: June 22-25, 2024

Where: Rhode Island College

\$499 (Commuter rate \$325)

THROWS CAMP

(Athletes)

When: July 13-16, 2024

Where: Rhode Island College

\$499 (Commuter rate \$325)

FOR REGISTRATION OR QUESTIONS ABOUT THE CAMPS, PLEASE CALL 1-800-556-7464 X 118, EMAIL: MFATHLETIC@MFATHLETIC.COM OR FILL IN THE REGISTRATION FORM BELOW.

Please Register me for:

Pole Vault Camp
June 22-25, 2024
at Rhode Island College

Coaches Pole Vault Camp
June 22-25, 2024
at Rhode Island College

Throws Camp
July 13-16, 2024 at
Rhode Island College

(PLEASE PRINT)

Name _____ Age _____ Grade Next Fall _____ Tel. (____) _____ E-Mail _____

Address _____ City _____ State _____ Zip _____

_____ I will be staying at Rhode Island College. My roommate preference is (_____). _____ I will be commuting.

ATHLETES ONLY FILL-IN:

PV Height Cleared _____ Check your #1 throwing interest _____ Shot _____ Discus _____ Javelin _____ Hammer _____

ATHLETES AND COACHES FILL-IN:

T-Shirt Size: (Circle One) **S M L XL XXL**

Payment Method: _____ Check Enclosed _____ Credit Card (Circle One) **MC Visa Discover Amex** (Credit cards accepted via phone, fax or online)

Card # _____ Exp. Date _____ Signature _____

GROUP DISCOUNTS AVAILABLE FOR ALL CAMPS.

ENCLOSE \$50 DEPOSIT OR FULL AMOUNT. MAKE CHECKS PAYABLE TO BILL FALK'S CAMPS. BALANCE DUE AT REGISTRATION.

All attendees receive a 10% discount on purchases from M-F Athletic for 1 year. Bill Falk's Camps are sponsored by M-F Athletic

Fill In. Mail To: BILL FALK'S CAMPS, P.O. BOX 8102, CRANSTON, RI 02920.

**Consent to medical care and/or medical transport by
Bill Falk Sports Camps MVP**

Name of Student (Print) _____

Student's Signature _____ Date _____

DOB _____

Parent/Guardian: I hereby grant permission to the Director of Bill Falk's Camps or authorized representatives, to furnish such medical care as my son/daughter may require, including examinations, treatment, and immunizations. This permission is conditioned upon the understanding that in the event of serious illness or the need for hospitalization and/or surgery, the Director/Medical Staff will use reasonable efforts to contact me. Failure in such efforts, however, should not prevent the Director/Medical Staff from obtaining such emergency treatment as may be necessary under the circumstances.

Name of Parent/Guardian (print) _____ Date _____

Signature of Parent/Guardian _____