

CONNECTICUT INTERSCHOLASTIC ATHLETIC CONFERENCE

CIAC OFFICIAL 2004 INDOOR TRACK POLE VAULT WEIGHT CERTIFICATION FORM

BOYS

GIRLS

School _____ Town _____

Vaulter's Name

Certified Weight

Date

1. _____

2. _____

3. _____

4. _____

WEIGHT CERTIFICATION SHOULD NOT OCCUR PRIOR TO FEBRUARY 1.

Name of School Medical Official _____ Date _____

Name of Coach _____ Date _____

Name of Principal _____ Date _____

THIS FORM MUST BE BROUGHT TO THE INDOOR TRACK MEETS.