

U.S. Figure Skating Basic Skills Program Membership Registration



Please choose one: Skater/Participant Instructor/Skating Director

PROGRAM NAME: _____ PROGRAM #: _____

FORM MUST BE COMPLETE (Only one person per form)

NAME: _____ FIRST _____ MI _____ LAST _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ #4

TELEPHONE (HOME): _____ - _____ - _____ PREVIOUS MEMBERSHIP #: _____

DATE OF BIRTH: _____ MO _____ DAY _____ YR _____ GENDER: M OR F

E-MAIL: _____

INSTRUCTORS/SKATING DIRECTORS ONLY:

Are you a PSA member? Yes OR No