

REQUEST FOR PSA APPROVAL OF EDUCATION PROGRAMS

- 1) Please attach a tentative agenda and list of speakers to this form.
- 2) Form must be received at the PSA Office **60 days prior** to the proposed program date.

NAME OF ORGANIZATION: _____

NAME OF HOST: _____

CONTACT PERSON: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ CELL _____

EMAIL _____

DATE & TIMES OF PROPOSED PROGRAM: _____

LOCATION/RINK: *(Give address and phone number)*

NAME OF FIGURE SKATING CLUB if applicable: _____

ESTIMATED NUMBER OF PARTICIPANTS: _____ AGENDA attached: _____

- *Agenda must be attached showing times and speakers in order to receive credits.*

SIGNATURE _____ DATE _____

RETURN TO: PSA ~ 3006 Allegro Park SW ~ Rochester, MN ~ 55902 ~ Fax 507-281-5491

FOR OFFICE USE ONLY:

RECEIVED: _____

APPROVED: _____ YES _____ NO DATE: _____