PSA

2009 HOCKEY SKATING COURSES

PERSONAL INFORMATION

Name _____ PSA Member # _____

Address _____
city *state* *zip code*

Home phone _____ Cell phone _____

E-mail address _____

Present Club or Rink Affiliation _____

CHOOSE YOUR LOCATION

		Deadline
○ **Dallas, TX**	*August 29, 2009*	*August 16*
○ **Denver, CO**	*August 29, 2009*	*August 16*
○ **Rochester, MN**	*September 12, 2009*	*August 30*

Schedule and times will be emailed to participants as times vary at each location.
Please allow three to four hours for the program.

FEE

Includes manual, on and off-ice sessions and exam. ** *Manuals will be distributed on day of event*

○ **$55.00 for PSA members**

○ **$100.00 for non-members**

PAYMENT

VISA MASTERCARD DISCOVER

Credit Card # _____ Expiration Date _____

Signature _____ Date _____

OR make checks payable to PSA

■ **PSA CANCELLATION POLICY: 14 days or more in advance = 50% refund. Less than 14 days = NO REFUND**

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