



Ranking Application



PERSONAL INFORMATION

Name: _____ Membership # PSA _____ USFS _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

PSA Ratings Held: _____

STUDENT INFORMATION

Student's Name: _____ ISI/U.S. Figure Skating # _____

Length of time student trained with you (indicate dates): From _____ To _____

Level _____

Specific Event _____

Location _____ Date _____

Student Placement _____

Signature of Student _____

CRITERIA

- 1.) Must be a current PSA member
- 2.) Must be CER Category A compliant
- 3.) Must have coached the skater for a minimum of one year
- 4.) Must have been the skater's primary coach
- 5.) Must have been the coach of a World or Olympic Champion in any discipline

I verify that the information given is true and correct:

Appliant Signature _____ Date _____

Cost: \$35 for first ranking – no charge to upgrade existing ranking **Deadlines:** October 1, January 1, April 1, July 1

Mail to: Professional Skaters Association • 3006 Allegro Park SW • Rochester, MN 55902