



PSA STATE WORKSHOP APPLICATION

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

NAME OF HOST: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: (Home) _____ (Rink) _____

FAX: _____ E-MAIL: _____

PROPOSED WORKSHOP DATE: _____ TIME: _____

ALTERNATIVE DATE: _____

LOCATION: _____

Facility Name

Phone No.

Address

City

State

Zip

NAME OF LOCAL FIGURE SKATING CLUB: _____

(If applicable)

The following information will be posted on the PSA website and on the Workshop Flyer:

CONTACT PERSON: _____

Phone: _____ Email: _____

POSSIBLE PRESENTERS: _____

TOPICS: _____

ESTIMATED ATTENDANCE AT WORKSHOP: _____

WRITTEN EXAMS (BA and Sport Science) DATE: _____

TIME: _____ LOCATION: _____

EXAM PROCTOR*: _____

(*Must be Master Rated and be approved by the PSA Office)

SEE WORKSHOP GUIDELINES WHICH INCLUDE APPROVED EXPENSES. RECEIPTS ARE REQUIRED FOR REIMBURSEMENT. PLEASE INCLUDE TENTATIVE AGENDA WITH YOUR APPLICATION.

Signature of State Workshop Host _____ Date _____