

RANKING APPLICATION



PSA MEMBER # _____

PERSONAL INFORMATION

US FIGURE SKATING MEMBER # _____

Name _____

Address _____

City, State, Zip _____

Phone () _____ Fax () _____

Email _____

PSA Ratings Held: _____

STUDENT INFORMATION

US FIGURE SKATING MEMBER # _____

Student's Name _____

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 member of the PSA
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. Skater must have placed in the final round at the World Championships or Olympic Winter Games or if the skater competed prior to 1993, must have placed in the top 24 at either the World Championships or Olympic Winter Games

I verify that the information given is true and correct:

Applicant Signature _____ Date _____

Cost: No Fee Required

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

Deadline: October 1, January 1, April 1, July 1