

LEVEL

10

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 have coached the skater for a minimum of one year
3. Must have been the skater's primary coach only
4. Must have been the coach of multiple World or Olympic Champions in any discipline

I verify that the information given is true and correct:

Applicant Signature _____ Date _____

COST: No fee is required

MAIL TO: Professional Skaters Association • 3006 Allegro Park SW • Rochester, MN 55902

DEADLINE: October 1, January 1, April 1, July 1