

# U.S. Figure Skating Basic Skills Program Membership Registration



Please choose one:  Skater/Participant  Instructor/Skating Director

PROGRAM NAME: \_\_\_\_\_ PROGRAM #: \_\_\_\_\_

**FORM MUST BE COMPLETE** (Only one person per form)

NAME:  FIRST  MI  LAST

ADDRESS:

CITY:  STATE:  ZIP:  +4

TELEPHONE (HOME):  -  -  PREVIOUS MEMBERSHIP #: \_\_\_\_\_

DATE OF BIRTH:  MO  DAY  YR GENDER: M  OR F

E-MAIL:

**INSTRUCTORS/SKATING DIRECTORS ONLY:**

Are you a PSA member? Yes  OR No