

Last Name: _____ First Name: _____ MI: _____

Skating Background			Please list the highest test you've passed and the date you passed it (MM/YY) for each of the following:		
Discipline	Level	Date	Discipline	Level	Date
Free Skating:			Pairs:		
Compulsory Dance:			Free Dance:		
Moves in the Field:			Figures:		

Please list the various locations where you have trained as a skater. Include rink or club name, years and names of coaches.

Please list any competitive experience you have had as a skater that you would like us to know about. Include as much information as possible.

Have you passed the PSA Basic Accreditation (BA) exam? Yes No If yes, when (MM/YY)?

Ratings			Please list the highest PSA certification level you have achieved and the date you achieved it (MM/YY) for each of the following:		
Discipline	Rating	Date	Discipline	Rating	Date
Free Skating:			Figures:		
Figure & Free Skating:			Pairs:		
Moves in the Field:			Group:		
Program Director:			Dance:		
Synchronized Team:			Free Dance:		
Choreography & Style:			Emeritus:		

Are you ratings active? Yes No

Training Courses/Seminars		Please list any relevant courses/seminars you have completed, not included in education above:
	Course Title	Completion Date (MM/YY)
1.		
2.		
3.		
4.		
5.		
6.		

Honors			Please list any honors or awards you have received:
	Honor or Award	Grantor	Award Date (MM/YY)
1.			
2.			
3.			
4.			
5.			
6.			