



FOUNDATIONS OF COACHING COURSE

Registration And Payment Form

8:00am to 5:00pm

INDICATE THE LOCATION YOU WISH TO ATTEND:

SITE: _____ **DATE** _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

EMAIL _____

Date Of Birth _____ Male Female

Membership PSA # _____ U.S. Figure Skating # _____ ISI # _____

** Please bring skates and warm clothing for the on-ice sessions*

COST

\$75 | Includes PSA Basic Membership {at least 16 years of age}

\$60 | If already a PSA Member

PAYMENT

VISA MASTERCARD DISCOVER

Credit Card # _____ Expiration Date _____ CVV _____

Signature _____ Amount _____

OR

Check enclosed made payable to: PROFESSIONAL SKATERS ASSOCIATION

Check # _____ Amount _____

RETURN COMPLETED FORM TO:

PSA
3006 Allegro Park SW
Rochester, MN 55902