



# ORAL RATING APPLICATION

### General Oral Rating Application Notes:

- 1.) You must meet all rating requirements for specific oral exam(s) prior to applying.
- 2.) Payment must accompany this completed application

### PERSONAL INFORMATION

Name \_\_\_\_\_ PSA Member # \_\_\_\_\_

Address \_\_\_\_\_  
city state zip code

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ E-mail address \_\_\_\_\_

Present Club or Rink Affiliation \_\_\_\_\_

Location and date of attendance at most recent PSA educational event \_\_\_\_\_

Special request information - Not Guaranteed \_\_\_\_\_

Current ratings \_\_\_\_\_ Ranking \_\_\_\_\_

### RATINGS EVENT INFORMATION

Name of event \_\_\_\_\_ Date of event \_\_\_\_\_ Mandatory Field

Ratings site/zone \_\_\_\_\_  
city state

### EXAM DISCIPLINE & LEVEL

(i.e. RFS - Registered Free Skating)

Up to three oral exams at a site may be taken FIRST EXAM \_\_\_\_\_ SECOND \_\_\_\_\_ THIRD \_\_\_\_\_

### FEES

LEVEL	REGISTERED	CERTIFIED	SENIOR	MASTER	FAST TRACK
Cost	\$70.00	\$100.00	\$130.00	\$185.00	\$350.00
Late Fee*	\$25.00	\$40.00	\$50.00	\$80.00	\$100.00
Sub Total					

\* Late fee must be included with applications not meeting the published rating application deadline.

Application Fee	\$5.00
Late Fee if applicable	\$ _____
<b>TOTAL AMOUNT DUE</b>	<b>\$ _____</b>

### PAYMENT

VISA MASTERCARD DISCOVER

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVV \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**OR make checks payable to PSA**

■ PSA CANCELLATION POLICY: 30 days or more in advance = 50% refund. Less than 30 days = NO REFUND