



# REGISTRATION FORM

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Current Ratings \_\_\_\_\_ No. of Years Coaching \_\_\_\_\_

Skating disciplines that you currently coach {i.e., Free Skating} \_\_\_\_\_

## PAYMENT

*LOCATION* \_\_\_\_\_

PSA Member  \$ 260.00 Pre-Registration Full  \$ 320.00 Late fee (*less than 15 days*)  
 \$ 160 One-day \_\_\_\_\_ (*date*)

Enclosed Check Number \_\_\_\_\_ made out to the PSA for \$ \_\_\_\_\_

Credit Card {VISA, MasterCard or Discover} for \$ \_\_\_\_\_ CVV code \_\_\_\_\_  
3-4 digits

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

### CANCELLATION POLICY:

Requests for cancellation MUST be made in writing and received in the PSA Office 30 days in advance of the program date. NO transfers and NO refunds for cancellations or no-shows will be made after this date. Refunds, less a 25% administrative fee, will be given, provided the above requirements are met.

I, the undersigned, understand and agree to the above cancellation policy.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please Note:** Enrollment is on a first-come first-served basis. The Registration fee includes all program materials, all on-ice and off-ice presentations.

**You must apply for Rating Exams on a rating application form separate from this form.**