

U.S. Figure Skating Basic Skills Program Membership Registration

Sept. 1 - Aug. 31



Please choose one: Skater/Participant Instructor/Skating Director

PROGRAM NAME: ASPEN SKATING CLUB

PROGRAM #: 120

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