



BASIC SKILLS ALTERNATIVE REGISTRATION FORM
This form is to be completed by the program skating director/contact only.
 Please print or type information. **Do not cut or fax this form.**

Mail this form along with payment and transmittal form to:
 U.S. Figure Skating | 20 First Street | Colorado Springs, CO 80906
PLEASE MAKE COPIES AS NEEDED



PROGRAM NAME: _____ **PROGRAM #** _____

_____ / Membership Number (if member has or had any type of U.S. Figure Skating membership)

| | | | | | |
|---|---|---------------|--|----|------|
| <input type="checkbox"/> Skater | First Name: | MI: | Last: | | |
| | Address: | | | | |
| or | City: | State: | Zip Code: | | |
| <input type="checkbox"/> Instructor <i>complete →</i> | PHONE NUMBER <i>Please include area code</i> () - | | BIRTHDAY | | |
| | | | MM | DD | YYYY |
| | Instructor's e-mail: Are you a PSA member? <input type="checkbox"/> Yes or <input type="checkbox"/> No | | Gender : <input type="checkbox"/> M or <input type="checkbox"/> F | | |

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| or | City: | State: | Zip Code: | | |
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