



2008 U. S. Figure Skating Championships

ADDITIONAL COACH ACCREDITATION APPLICATION

COACH REQUESTING ACCREDITATION:

Name: _____ U.S. Figure Skating # _____

PSA# _____

Address/Street: _____

City: _____ State: _____ Zip: _____

Daytime Phone: () _____ E-mail: _____

Relationship to Skater: _____ Signature: _____

PRIMARY COACH:

Name: _____ Relationship: _____

COMPETITOR AUTHORIZING REQUEST:

Name: _____ U.S. Figure Skating # _____

Event and Level: _____

Telephone Day: () _____ E-mail: _____

Signature: _____

Please provide your credit card information as requested below and signature for authorization of \$160 for the second coaching credential. Your \$160 fee will be returned if your application is not accepted.

Name on Credit Card: _____

Card Type (VISA OR MASTER CARD ONLY): _____

Card Number: _____ Exp. Date: _____

Card Billing Address: _____

City: _____ St: _____ Zip: _____

Signature: _____

Mail or Fax to: 2008 U.S. Figure Skating Championships
Attn: Coaches Credentials
20 First Street
Colorado Springs, CO 80923
Fax: 719-635-9548

ALL REQUESTS MUST BE RECEIVED BY DECEMBER 21, 2007
IF ACCEPTED, NO EXCHANGES/NO REFUNDS