



SKATER RECOGNITION PROGRAM APPLICATION- National Showcase

Skater Name: _____ USFSA #: _____

Phone: _____ Email: _____

Mailing Address: _____

Skater Recognition Year is July 16th _____ through July 15th _____

Current Test Level:

MIF: _____

Free Skate: _____

Dance: _____

Pairs: _____

Note below the competitions skated to qualify for this program- including date of competition- **attach documentation of placement for each competition- a minimum of 3 are required:**

Competition 1 (name,date, placement) _____

Competition 2 (name,date, placement) _____

Competition 3 (name, date, placement) _____

Qualification Verification

1. Club Participation (3 are required)

___ Ice Show (participant)

___ Christmas Pops (participant)

___ Jo Williams Memorial Championships (participant)

___ Yearly Fund Raiser

___ Yearly General Meeting

___ Spring Extravaganza (participant)

2. Volunteer Participation (10 hours minimum)

___ Attach LCFSC Volunteer Activity Sheet

Parent or Skater (18 and older) Signature: _____ Date: _____

Submission Deadline is Friday of the week following the deadline

Club Verification-For club use only

President: _____ Date: _____

Vice-President: _____ Date: _____

Treasurer: _____ Date: _____