



SKATER RECOGNITION PROGRAM APPLICATION

Skater Name: _____ USFSA #: _____

Phone: _____ Email: _____

Mailing Address: _____

Skater Recognition Year is October 1st _____ through September 30th * _____

Current Test Level:

MIF: _____

Free Skate: _____

Dance: _____

Pairs: _____

Please check all SRP activities you are applying for:

_____ Pacific Coast Sectional

_____ USFS International Assignment

_____ US Figure Skating Championships

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 NWP Regionals

Club Verification-For club use only

President: _____ Date: _____

Vice-President: _____ Date: _____

Treasurer: _____ Date: _____

*Deadline is Sept 30, or beginning date of NWP Regionals, whichever is sooner