NEW BASIC SKILLS PROGRAM REGISTRATION/PROGRAM UPDATE FORM

Check one of the following: ☐ **NEW PROGRAM** ☐ **PROGRAM UPDATE**

Please complete and return this form to U.S. Figure Skating, 20 First St, Colorado Springs, CO 80906 or fax to (877) 681-1668.

New Programs: Please include a **one-time program registration fee of $25** with your credit card info, check or money order. In order for your skating school/club to offer the U.S. Figure Skating Basic Skills Program, and to be protected under our liability insurance, this form must be completed. After your application is processed, you will receive a confirmation email which includes your user name and password to access the member's only site and a kick-off packet of membership materials.

Current Programs: Please complete and return this form anytime there are changes to your Basic Skills Program contact information, mailing address, name and/or primary ice facility info. Please complete all information that applies to ensure that all account information is up-to-date and accurate.

All programs are listed on our web site at www.usfigureskating.org. Only your program name, rink address and web page (if available) will appear on our web site. Check the boxes provided to add your e-mail, daytime phone and/or rink phone to your program info online.

PROGRAM INFORMATION:

NAME (current, updated, new): ***(Max 32 characters & spaces. If your program is also a U.S. Figure Skating Club, please use your club name or club #)***	**PROGRAM #:** ***(issued by U.S. Figure Skating)***
FORMER PROGRAM NAME: ***(if applicable)***	
CLUB/PROGRAM WEB SITE: *(we will provide a link to your page on our website. This is* ***.optional)***	

CONTACT INFORMATION:

NEW PRIMARY CONTACT/SKATING DIRECTOR NAME:		**MEMBER #:**	**E-MAIL ADDRESS:**
MAILING ADDRESS: ***(No PO Boxes, please)*** ***Street:***			
This address is: ☐ ***Program/Club Address*** ☐***Facility Address*** ☐***Contact's Home Address***			
City:	***State:***		***Zip:***
HOME PHONE:	**WORK PHONE:**	**RINK PHONE:**	**FAX:**
ASSISTANT CONTACT: ***(optional)***		**MEMBER #:**	
PHONE #:		**E-MAIL ADDRESS:**	

PRIMARY ICE FACILITY:

NAME OF FACILITY:		
ADDRESS:		
CITY:	**STATE:**	**ZIP:**

NEW PROGRAM FEE = $25

SPECIFY PAYMENT TYPE: ☐ Credit Card ☐ Check ☐ Money Order		
CREDIT CARD #:	**EXP DATE:**	**SEC. CODE:**
CARDHOLDER'S NAME (PRINTED): **BILLING ADDRESS:** **SIGNATURE:**		

PLEASE CHECK TO ADD ANY OF THE FOLLOWING TO OUR WEBSITE:

☐**Contact's Email Address** ☐ **Contact's Phone Number (Circle One: Home Work)** ☐ **Rink's Phone Number**

SKATING DIRECTOR/CONTACT SIGNATURE:

FOR USFS USE: ☐ **AR Copy |** ☐ **MMS |** ☐ **Confirmation Email |** ☐ **Password Sent |** ☐ **Cert. Ins. Request |** ☐ **Kick-Off |** ☐ **Web Update**