

Pawtucket & Providence Synchronized Skating Teams
Team Clinic Registration

Skater's Name: _____

Street: _____

City, State, Zip _____

Home Phone: _____ USFS Membership# _____

Date of birth _____ Home Club _____

Age of skater as of July 1st, 2007 _____ E-mail address _____

Mother's Name: _____ Work Phone: _____

Father's Name: _____ Work Phone: _____

Skater's Experience:

USFS Basic skills level passed: _____ USFS Freestyle test level passed _____

USFS MIF test level passed: _____ USFS Dance test level passed _____

ISI test level passed: _____ How many hours per week do you skate? _____

Skater's Synchro Team Experience:

Team Name: _____ Current Synchro level: _____

How many years have you skated synchro? _____ USFS/ISI _____

Please return this completed form & payment of \$65.00 to:

**PPSST
P.O. Box 85
Pawtucket, RI 02862**