

Professional Profile

Name:	Maiden N	ame:		D.O.B
PSA Membership #:	USFSA #:		ISI #:	
Address:				
City:	State:	Zip:		
Home Phone:	Cell Phone:	-	Email:	

I hereby give LSA the right to publish information listed herein, in part or whole, to inform the public and promote the programs and coaching staff of Louisville Skating Academy.

Signature		Date		
Highest Test Attained by:				
A. You		B. A Student of Yours		
Figures:	Year:	Figures:	Year:	
Free Skate:	Year:	Free Skate:	Year:	
Field Moves:	Year:	Field Moves:	Year:	
Dance:	Year:	Dance:	Year:	
Free Dance:	Year:	Free Dance:	Year:	
Pairs:	Year:	Pairs:	Year:	

Please list any PSA ratings levels that you have achieved and the year obtained:

Please list any other relevant experiences (shows, management, etc.):

Please list your highest level of education along with degrees and honors:

Please summarize other employment history:

Please circle the disciplines that you teach: Singles Pairs MIF Dance Group Choreography Team Power (Hockey/Figure) Conditioning If you teach private lessons, please list your hourly rate for a private lesson:

I certify that all of the information that I have provided herein is true and correct.

Signature