

ACCEPTANCE OF SELECTION
UNITED STATES FIGURE SKATING TEAM

Athlete's Name: _____

Name of Competition: _____

___ I will be able to participate ___ I am unable to participate (indicate reason)

Reason: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Day Phone: () _____ Evening Phone: () _____

Fax Number: () _____ E-mail Address: _____

Citizenship: ___ U.S. ___ Other (*please attach a copy of Green Card if not a U.S. Citizen*)

Please provide a copy of the picture page of your current passport (must be valid for at least six months) and birth certificate if not on file at U.S. Figure Skating.

COACHES INFORMATION

Coach who will travel with me to this competition: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Day Phone: () _____ Evening Phone: () _____

Fax Number: () _____ E-Mail Address: _____

Name of Parents: _____

Day Phone: () _____ Evening Phone: () _____

Email Address: _____

Athlete's Signature

DOB

Today's Date

Signature of Parent/Guardian
(if athlete is under 18 years of age)

Today's Date

**PLEASE RETURN VIA FAX TO JULIE SCHMITZ AT 719.635.9548
THANK YOU.**