

**BROOKLYN FIGURE SKATING CLUB OF OHIO**

7600 MEMPHIS AVENUE  
BROOKLYN, OHIO 44144

**PROFESSIONAL CONTRACT 2010-2011 SEASON**

NAME: \_\_\_\_\_ PSA Member :( Y ) \_\_\_\_\_ (N) \_\_\_\_\_ Rating \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

PHONE #: (Home) : \_\_\_\_\_ ( Work-Cell Phone) \_\_\_\_\_

WILL TEACH: \_\_\_\_\_ Freestyle \_\_\_\_\_ Moves in the field \_\_\_\_\_ At the rate of \$ \_\_\_\_\_ (15 min)  
\_\_\_\_\_ Dance \_\_\_\_\_ Choreography

YEARS OF TEACHING EXPERIENCE: \_\_\_\_\_

USFSA NUMBER: \_\_\_\_\_ YOUR HOME CLUB: \_\_\_\_\_

TRAINED ON HARNESS: ( ) NO ( ) YES Date: \_\_\_\_\_ Place: \_\_\_\_\_

ARE YOU INSURED? \_\_\_\_\_ IF YES, AMOUNT / PLAN NAME \_\_\_\_\_  
(INCLUDE COPY)

HIGHEST TEST LEVELS ACHIEVED IN ALL CATEGORIES:

Level:	Date tested:	USFS Club Tested, City & State:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List (one) of your students names who will be CONTRACTING ice from BFSC this upcoming season \_\_\_\_\_ (This is REQUIRED)

Do you have any lesson time available for new students? \_\_\_\_\_  
If yes, please list Days/Times you are available: \_\_\_\_\_

I give the Club permission to release my contact information to the City of Brooklyn and/or potential students and their guardians upon request. Yes \_\_\_\_\_ No \_\_\_\_\_

If you are a NEW club Professional, a copy of your USFS Test/PSA Certificates **MUST** be attached to this pro application. Failure to submit credentials or submission of test certificates not recognized by the USFS will be handled by the BFSC Governing Board. The Board may request copies of the above information at any time.

**\*ATTESTATION:** I, the undersigned declare that to the best of my knowledge and belief, that the above statements are true, correct and complete.

\_\_\_\_\_  
PROFESSIONAL'S SIGNATURE DATE: \_\_\_\_\_