MIDDLE ATLANTIC SKATING ASSOCIATION



MEMBER OF U.S. SPEEDSKATING (USS) COACH SUPPORT APPLICATION

Name		Home	Phone
Address		Cell	
City State	e Zip Code	Email _	**
Age Date of Birth	າ	Gende	r: check one
SKATER INFORMATION			
IASA Skating Number Speedskating Club			
U.S. Speedskating No Expiration Date			Date
Skating Class: 🔲 Midg	get (11-12) 🔲 Juve	enille (13-14)	☐ Junior (15-16) ☐ Senior (17-29)
Personal Recorded Best Time (within	n last year): 1000m	Date _	Location
COACH & EVENT INFORMATION			
ame Coaching Qualifications/USS Level			
Address		City	State Zip Code
(select up to two and indicate first choice)			
American Cup			Date
Junior Nationals			Date
Long Track Nationals			Date
Short Track Nationals			Date
Long Track North Am			Date
Short Track North Am			Date
The "Cash For Coaches" Committee will review	ew all applications and make a	awards based on th	ne rules established for this program (available on MASA web site).
Applicant's Signature	Dat	Signature of parent/guardian (if under I8 years)	

PLEASE SUBMIT APPLICATION TO MASA:

David Phillips PO Box 61 East Quogue, NY 11942-0061 Email: dbptiana@gmail.com