Hibbing Figure Skating Club

Please mail or email this information to Stacy Kuusinen, HFSC Secretary

1706 E 41st Street Hibbing, MN 55746

Email: stacy.kuusinen@bluecrossmn.com | phone: 218.969.0167

Last Name:			First Name:		M.I.		
Address:							
City:			State:		Zip Code:		
Daytime phoi	ne:		W	Work Phone:			
Cell Phone:							
vailability: Pl	ease list all th	ne times you	ı are available to c	oach			
	Time		Time		Time		
	Morning		afternoon		Evening		
Day	From:	То:	From:	To:	From:	To:	
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
	l				<u> </u>		
IFSC Coaching	g Positions: Pl	ease select a	all the areas you a	re intereste	d in coaching		
Basic Skills Co	oordinator						
Basic Skills Pi			-				
Pre-School H	•						
Advanced clu	•						
Advanced Clu	ub private les	sons					

Coaching Background

How long have you been coaching?
What is the current rate you are charging clients?
Please tell us the disciplines you have coached:
Please list any other information about your coaching experience (outside of what is listed above) that
you would like us to know. This can include competition and test records of your skaters, level of
skaters coached etc.

Skating Background: Please list the highest test you've passed and the date you passed it for each of the following:

Discipline	Level	Date	Discipline	Level	Date
Free Skating			Pairs		
Compulsory Dance			Free Dance		
Moves in the field			Figures		

Please list the various locations where you have trained as a skater. Include club name, years and names of your coaches.

Club Name	Years	Coaches

Please list any completive	experience	that you have I	had as a skater t	hat you wo	ould like us to	know	
about. Include as much info	ormation as	s possible.		•			
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Have you passed the PSA	basic accr	editation (SA)	exam? Yes:		No:		
Ratings: Please list the highe	est PSA cert	ification level y	ou have achieve	ed and the	date you achie	eved it.	
-	T				<u>-</u>		
Discipline	Rating	Date	Discipline	Rating	Date		
Free Skate			Figures				
Moves in the field			Pairs				
Program Director			Group				
Synchronized team			Dance				
Choreography			Free Dance				
Figure and free skating			Emeritus				
Are your ratings active	Yes:		No:				
Training Courses/Seminar	s: Please l	ist any relevar	nt courses or se	eminars yo	ou have comp	leted	
Course Title				Date (Date Completed		
Course Title				- Butc (Date Completed		
Honors: Please list any ho	nors or aw	vards you have	e received.				
Honors: Please list any ho Honor or Award	nors or aw	vards you have	e received.	Award	d Date		
-	nors or aw	<u>-</u>	e received.	Award	d Date		
-	nors or aw	<u>-</u>	e received.	Award	d Date		
-	nors or aw	<u>-</u>	e received.	Award	d Date		