



**USA Roller Sports**  
**4730 South Street**  
**Lincoln, NE 68506**  
**402.483.7551 phone 402.483.1465 fax**

## 2017-2018 Coaching Exam Order Form

**Use this form if you would like to upgrade your coaching certification during the skating season after renewing your coaching membership.**

Please print or type:

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

RINK OR CLUB AFFILIATION (if any):

Name of club: \_\_\_\_\_ Club ID: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Upon receipt of this form, the USARS national office will forward you the appropriate study materials and exam (if applicable). Those applying for Advanced Level 3 Certification will be contacted to make arrangements to take their exam. All applicants will be issued their coaches' card(s) after successfully completing the appropriate exam.

Please check the appropriate sport(s):

\_\_\_\_\_ Figure      \_\_\_\_\_ Speed      \_\_\_\_\_ Inline Hockey      \_\_\_\_\_ Rink Hockey

Please check the level you are applying for:

\_\_\_\_\_ Certified (Level 2)      \_\_\_\_\_ Advanced (Level 3)

If you have any questions, contact the appropriate USARS Sport Director at 402.483.7551.

Figure Skating, extension 20

Speed Skating, extension 14

Hockey, extension 13

Kevin Kmetz

Ricci Porter

Brent Benson

[figure@usarollersports.org](mailto:figure@usarollersports.org)

[rporter@usarollersports.org](mailto:rporter@usarollersports.org)

[bbenson@usarollersports.org](mailto:bbenson@usarollersports.org)

**NOTE: \$25 MUST BE ENCLOSED WITH THIS ORDER FORM**

Please only use **ONE** of the methods below. Duplicate returns may result in duplicate charges and delayed processing.

**MAIL** completed form and check or credit card information to:  
 USA Roller Sports, 4730 South Street, Lincoln, NE 68506

**FAX** completed form and credit card information to:  
 402.483.1465

**EMAIL** completed form and credit card information to:  
[payments@usarollersports.org](mailto:payments@usarollersports.org)

**Questions? Call our Financial Department at 402.483.7551 x 17.**

### CREDIT CARD INFORMATION

Card Number: \_\_\_\_\_ CCV: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Total Amount to Charge: \_\_\_\_\_