



DISTRICT TEST APPLICATION

Skaters' Name _____
 Address _____
 City _____ State _____ Zip _____
 Skaters Home Phone _____ Parents Daytime Phone _____
 Skater Age _____ Birthdate _____

** District Test Chair must verify information below with National Office prior to test.

ISI Number _____ Exp. Date _____
 Previous Test Passed _____ Date _____ Location _____

Skaters Home Rink _____
 Coach's Name _____ Phone _____

Check appropriate boxes

TEST TO BE TAKEN		LEVEL	
Freestyle	<input type="checkbox"/>	7	<input type="checkbox"/>
Couples	<input type="checkbox"/>	8	<input type="checkbox"/>
Pairs	<input type="checkbox"/>	9	<input type="checkbox"/>
Ice Dancing	<input type="checkbox"/>		
Figure	<input type="checkbox"/>		

Partner's Name _____
 Test date applying for _____

Applications are accepted on a first come, first serve basis based on ice availability.
 Applications must be sent in **30 days** prior to test date.
 The \$35.00 test fee **must** accompany this application.
 Couples pay a total of \$35.00.

Make checks payable to _____.

Mail to:

Skaters Signature _____
 Parents' Signature _____
 Coaches' Signature _____
 Skating Director Signature _____

Testing Outside Your District

<p>District Test Chair approval is needed if testing outside your District. I approve _____ to test in District ____. Signature of District Test Chair _____</p>
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