



LEVEL 10 TEST APPLICATION

Skater's Name _____

Address _____

City _____ State _____ Zip _____

Skater's Home Rink _____

Skater's Home Phone _____ Parent's Daytime Phone _____

Skater Age _____ Birthdate _____ M or F (circle one)

ISI Number _____ Exp. Date _____ Coach E-mail _____

Previous Test Passed _____ Location _____ Approx. Date _____

Coach Name _____ ISI Prof. # _____ Phone _____

TEST(S) TO BE TAKEN:

- Freestyle Level 10
 - Couples Level 10
 - Ice Dancing Level 10
 - Figure Level 10
 - Free Dance Level 10
 - Pair Level 10
- International Dances: _____
(List Here) _____

Test event/location applying for _____

Partner's Name (Couples/Dance/Pair only) _____

Skater's Signature _____

Parent's Signature _____

Coach's Signature _____

The non-refundable \$50.00 test fee must accompany this application form. All partners for Dance, Pair, Couples, & Free Dance tests pay \$50 per skater (\$100 total – if both skaters are testing). *Note: The test application fee does not include an additional ice fee that will be due after the DVD is reviewed.*

Mail: ISI – Kim Hansen, 6000 Custer Road – Bldg. 9, Plano, TX 75023 **or Fax:** 972 735 8815

This application form (with full payment) is due at least 60 days before test session. You must include a DVD with the required test level maneuvers only for review with this application. *Make all checks payable to ISI or include complete credit card information below.*

<input type="checkbox"/> American Express	_____	_____	_____
<input type="checkbox"/> Visa	Card # _____	Exp. Date _____	Cardholder (please print) _____
<input type="checkbox"/> MasterCard	_____	_____	_____
<input type="checkbox"/> Discover	Authorized Signature _____	Telephone Number (Required) _____	E-mail Address _____