



HIGH LEVEL TEST APPLICATION

Skater's Name _____

Address _____

City _____ State _____ Zip _____

Skater's Home Rink _____

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

Skater's Age _____ Birthdate _____ M F

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

Previous Test Passed _____ Location _____ Approx. Date _____

Coach Name _____ Phone _____

TEST TO BE TAKEN: *District or National Event Test (Location / Date)* _____

- Freestyle Level 7 ___ Level 8 ___ Level 9 ___ *or Video Test* _____
- Couples Level 7 ___ Level 8 ___ Level 9 ___ (Indicate where/how test is to be taken)
- Ice Dancing Level 7 ___ Level 8 ___ Level 9 ___
- Free Dance Level 7 ___ Level 8 ___ Level 9 ___
- Figures Level 7 ___ Level 8 ___ Level 9 ___
- Pair Level 6 ___ Level 7 ___ Level 8 ___ Level 9 ___

Partner Name _____

Skater Signature _____

Parent Signature _____

Coach Signature _____

A non-refundable \$35.00 test fee will be charged upon receipt of this application form. All partners for Couples, Pair, Dance, & Free Dance tests pay \$35 per skater (\$70 total – if both skaters are testing). *Note: This test application fee does not include any additional ice fees that might also be due before testing.*

This application form and payment is due at least 45 days before national event test sessions.

Send to Kim Hansen - khansen@skateisi.org

Credit Card number _____	Exp date _____	CVV _____
Name on Credit Card _____	Billing zip _____	
Authorized Signature _____	Email _____	