



LEVEL 10 TEST APPLICATION

Skater's Name _____

Address _____

City _____ State _____ Zip _____

Skater's Home Rink _____

Parent/Skater Phone _____ Skater Age _____ Birthdate _____

M F ISI Number _____ Exp. Date _____

Previous Test Passed _____ Coach Name _____ ISI Prof. # _____

Phone _____ Coach E-mail _____

TEST(S) TO BE TAKEN:

Freestyle Level 10

Couples Level 10

Ice Dancing Level 10 International Dances: _____

Figure Level 10

Free Dance Level 10

Pair Level 10

Test event/location applying for _____

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

Skater's Signature _____

Parent's Signature _____

Coach's Signature _____

A non-refundable \$50.00 test fee will be charged upon receipt of this application form. All partners for Dance, Pair, Couple & Free Dance tests pay \$50 per skater (\$100 total – if both skaters are testing). *Note: The test application fee does not include any additional ice fees that may be applicable for an in person test session.*

This application form is due at least 60 days before test session.

Send to: Kim Hansen at KHansen@skateisi.org

Credit Card number _____ Exp date _____ CVV _____

Name on Credit Card _____ Billing zip _____

Authorized Signature _____ Email _____