

Personal Information				
First Name	Middle	Last Name	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Birth Date (MM/DD/YYYY)
Street Address		City	State	Zip Code
Home Phone		Cell Phone	Work Phone	
Email Address		Home Club (if not IPFSC)	US Citizen <input type="checkbox"/> Y <input type="checkbox"/> N	USFS #
<input type="checkbox"/> Standard / <input type="checkbox"/> Adult 21+ / <input type="checkbox"/> Adult 50+ <input type="checkbox"/> Solo Lead / <input type="checkbox"/> Solo Follow / <input type="checkbox"/> Partnered Lead / <input type="checkbox"/> Partnered Follow				
Preliminary \$30 1 st , \$20 each additional	Pre-Bronze \$30 1 st , \$20 each additional	Bronze \$30 1 st , \$20 each additional	Pre-Silver \$35 1 st , \$20 each additional	
<input type="checkbox"/> Dutch Waltz <input type="checkbox"/> Canasta Tango <input type="checkbox"/> Rhythm Blues	<input type="checkbox"/> Swing Dance <input type="checkbox"/> Cha Cha <input type="checkbox"/> Fiesta Tango	<input type="checkbox"/> Hickory Hoedown <input type="checkbox"/> Willow Waltz <input type="checkbox"/> Ten Fox	<input type="checkbox"/> Fourteenstep <input type="checkbox"/> European Waltz <input type="checkbox"/> Foxtrot	
Silver \$40 1 st , \$25 each additional	Pre-Gold \$40 1 st , \$25 each additional	Gold \$50 1 st , \$30 each additional		
<input type="checkbox"/> American Waltz <input type="checkbox"/> Silver (Harris) Tango <input type="checkbox"/> Rocker Foxtrot	<input type="checkbox"/> Starlight Waltz <input type="checkbox"/> Paso Doble <input type="checkbox"/> Killian <input type="checkbox"/> Blues	<input type="checkbox"/> Quickstep <input type="checkbox"/> Westminster Waltz <input type="checkbox"/> Viennese Waltz <input type="checkbox"/> Argentine Tango		
International (\$50 per dance)			Free Dance (fee per candidate)	
<input type="checkbox"/> Austrian Waltz <input type="checkbox"/> Midnight Blues <input type="checkbox"/> Ravensberger Waltz <input type="checkbox"/> Rhumba <input type="checkbox"/> Samba <input type="checkbox"/> Tango Romantica <input type="checkbox"/> Cha-cha Congelado <input type="checkbox"/> Yankee Polka <input type="checkbox"/> Golden Waltz <input type="checkbox"/> Finnstep			<input type="checkbox"/> Bronze (\$40) <input type="checkbox"/> Pre-Gold (\$55) <input type="checkbox"/> Pre-Silver (\$40) <input type="checkbox"/> Gold (\$55) <input type="checkbox"/> Silver (\$40)	
Fees and Charges		Notes		
Test Fees \$ _____ Non-Home Club (\$40) _____ Hospitality Fee (\$5) \$ _____ Late processing Fee \$ _____ TOTAL \$ _____ Please Make Checks Payable to: Ice In Paradise Figure Skating Club Return application to: Ice in Paradise Figure Skating Club 6985 Santa Felicia Drive Goleta, CA 93117		<ul style="list-style-type: none"> ▪ Forms must be complete (including signatures and payment) in order to be accepted for scheduling. ▪ All completed test applications and fees must be received by IPFSC at least THREE WEEKS PRIOR TO THE TEST DATE REQUIRED. ▪ Priority on tests will be given to IPFSC members. Test applications will be processed in the order in which they are received. ▪ Test fees are NON-REFUNDABLE unless cancellation is due to a doctor certified injury (to be received within 7 days of the test), judges/ice availability, or if there are too few skaters for a session. A request to move a test to a later date will be considered a cancellation and a new test application and fees must be re-submitted. ▪ There are NO REFUNDS for contingent tests in a session that do not run because the initial test was not passed. ▪ Letters of permission for non-IPFSC members are required and must be attached to this application. ▪ Late test requests (less than seven days before the test session) if accepted, require a \$25 late processing fee. 		

I certify that the above information is correct and complete and that I have received and understand the conditions stated herein. I also understand that test session time, ice availability, and judge availability are limited, and that I may not be able to have all or part of the requested test(s) on the date requested and that my requested test(s) may be rescheduled for a different date.

Partner – if applicable	USFS #
Candidate Signature	Date
Parent / Legal Guardian Signature Applicants under age of 18 must have a parent signature	Date
Coach Signature	Date

By signing this application the above named coach states that this candidate has demonstrated the requisite skills to take this test.