

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 #
Moves in the Field		Freeskating		
<input type="checkbox"/> Pre-Preliminary (\$20) <input type="checkbox"/> Preliminary (\$20)		<input type="checkbox"/> Pre-Preliminary (\$20) <input type="checkbox"/> Preliminary (\$20)		
Adult Moves in the Field		Adult Freeskating		
<input type="checkbox"/> Pre-Bronze (\$20) <input type="checkbox"/> Bronze(\$20)		<input type="checkbox"/> Pre-Bronze (\$20) <input type="checkbox"/> Bronze(\$20)		
Fees and Charges		Notes		
<b>Test Fees</b> \$ _____ <b>Non-Home Club (\$40)</b> _____ <b>Hospitality fee (\$5)</b> \$ _____ <b>Late processing Fee</b> \$ _____ <b>TOTAL</b> \$ _____  <b>Please Make Checks Payable to:</b> <b>Ice In Paradise Figure Skating Club</b> <b>Return application to:</b> Ice in Paradise Figure Skating Club 6985 Santa Felicia Drive Goleta, CA 93117		<ul style="list-style-type: none"> <li>▪ Forms must be complete (including signatures and payment) in order to be accepted for scheduling.</li> <li>▪ Skaters are responsible for rink session fees (Public or Freestyle).</li> <li>▪ Priority on tests will be given to IPFSC members. Test applications will be processed in the order in which they are received.</li> <li>▪ 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.</li> <li>▪ There are NO REFUNDS for contingent tests in a session that do not run because the initial test was not passed.</li> <li>▪ Letters of permission for non-IPFSC members are required and must be attached to this application.</li> <li>▪ Late test requests (less than seven days before the test session) if accepted, require a \$25 late processing fee.</li> </ul>		

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.

\_\_\_\_\_  
 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.