

Test Date: \_\_\_\_\_

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 #
Skating Skills	Singles		Pairs *	
<input type="checkbox"/> Pre-Preliminary (\$40) <input type="checkbox"/> Preliminary (\$40) <input type="checkbox"/> Pre-Bronze (\$50) <input type="checkbox"/> Bronze (\$50) <input type="checkbox"/> Pre-Silver (\$50) <input type="checkbox"/> Silver (\$55) <input type="checkbox"/> Pre-Gold (\$55) <input type="checkbox"/> Gold(\$60)	<input type="checkbox"/> Pre-Preliminary (\$40) <input type="checkbox"/> Preliminary (\$40) <input type="checkbox"/> Pre-Bronze (\$40) <input type="checkbox"/> Bronze (\$40) <input type="checkbox"/> Pre-Silver (\$40) <input type="checkbox"/> Silver (\$40) <input type="checkbox"/> Pre-Gold (\$40) <input type="checkbox"/> Gold (\$45)		<input type="checkbox"/> Bronze (\$40) <input type="checkbox"/> Pre-Silver (\$40) <input type="checkbox"/> Silver (\$45) <input type="checkbox"/> Pre-Gold (\$50) <input type="checkbox"/> Gold (\$55)  * Per Skater	
Adult Skating Skills	Adult Singles		Adult Pairs *	
<input type="checkbox"/> Pre-Bronze (\$40) <input type="checkbox"/> Bronze(\$40) <input type="checkbox"/> Silver (\$40) <input type="checkbox"/> Gold (\$40)	<input type="checkbox"/> Pre-Bronze (\$40) <input type="checkbox"/> Bronze(\$40) <input type="checkbox"/> Silver (\$40) <input type="checkbox"/> Gold (\$40)		<input type="checkbox"/> Bronze(\$40) <input type="checkbox"/> Silver (\$40) <input type="checkbox"/> Gold (\$40) * Per Skater	
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>All completed test applications and fees must be received by IPFSC at least THREE WEEKS PRIOR TO THE TEST DATE REQUIRED.</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.

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Candidate Signature \_\_\_\_\_ Date \_\_\_\_\_

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Parent / Legal Guardian Signature Applicants under age of 18 must have a parent signature \_\_\_\_\_ Date \_\_\_\_\_

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Coach Signature \_\_\_\_\_ Date \_\_\_\_\_

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