



# 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 or F (circle one)

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 \_\_\_\_\_

**The non-refundable \$35.00 test fee must accompany 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 an additional ice fee that might also be due before testing.*

**For District Testing:** Mail application & check for test fee to your local District Test Chair.

*\*The District Test Chair must verify information with ISI National Office before test session\**

**For National Event Testing:** Mail application & test fee to the ISI office as stated below.

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

**For Video Testing, mail DVD to:** ISI – Kim Hansen, 6000 Custer Road – Bldg. 9, Plano, TX 75023 **or Fax:** 972 735 8815. Make check payable to ISI or include complete credit card information below. Test results are normally available within 2-3 weeks.

<input type="checkbox"/> American Express			
<input type="checkbox"/> Visa	Card # _____	Exp. Date _____	Cardholder (please print) _____
<input type="checkbox"/> MasterCard			
<input type="checkbox"/> Discover	Authorized Signature _____	Telephone Number (Required) _____	E-mail Address _____