



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 – Randy Winship, 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 _____