



District Test Application



Skater's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Skater's Home Phone: _____ Parent's Daytime Phone: _____

Skater's Age: _____ D/O/B: _____ Email: _____

****District Test Chair must verify information below with National Office prior to test.****

ISI Number: _____ Expiration Date: _____

Previous Test Passed: _____ Date: _____ Location: _____

Skater's Home Rink: _____

Coach's Name: _____ Phone: _____ Email: _____

Check appropriate boxes:

TEST TO BE TAKEN LEVEL

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Freestyle | <input type="checkbox"/> 7 |
| <input type="checkbox"/> Couples | <input type="checkbox"/> 8 |
| <input type="checkbox"/> Pairs | <input type="checkbox"/> 9 |
| <input type="checkbox"/> Ice Dancing Figure | |
| <input type="checkbox"/> Figure | |

Partner's Name: _____ Test Day Applying for: _____

Applications are accepted on a first come, first served basis on ice availability. Applications must be sent in 30 days prior to test date.

The \$40.00 test fee must accompany this application. Couples pay a total of \$40.00.

Make checks payable to: ISI District 1

Mail to: District 1 c/o FMC Ice Sports 100 Schoosett Street Building #3 Pembroke MA 02359

Skater's Signature: _____ Skater's Signature: _____

Parent's Signature: _____ Parent's Signature: _____

Coach's Signature: _____ Coach's Signature: _____

Skating Director Signature: _____ Skating Director Signature: _____

TESTING OUTSIDE YOUR DISTRICT

District Test Chair approval is needed if testing outside your District. I approve

_____ to test in District _____ . Signature of

District Test Chair _____