

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)	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	USFS #
Moves In The Field	Freeskating	Pairs*		
<input type="checkbox"/> Pre-Preliminary (\$40) <input type="checkbox"/> Preliminary (\$40) <input type="checkbox"/> Pre-Juvenile (\$40) <input type="checkbox"/> Juvenile (\$40) <input type="checkbox"/> Intermediate (\$40) <input type="checkbox"/> Novice (\$45) <input type="checkbox"/> Junior (\$45) <input type="checkbox"/> Senior (\$50)	<input type="checkbox"/> Pre-Preliminary (\$40) <input type="checkbox"/> Preliminary (\$40) <input type="checkbox"/> Pre-Juvenile (\$40) <input type="checkbox"/> Juvenile (\$40) <input type="checkbox"/> Intermediate (\$40) <input type="checkbox"/> Novice (\$40) <input type="checkbox"/> Junior (\$40) <input type="checkbox"/> Senior (\$45)	<input type="checkbox"/> Pre-juvenile (\$40) <input type="checkbox"/> Juvenile (\$40) <input type="checkbox"/> Intermediate (\$40) <input type="checkbox"/> Novice (\$45) <input type="checkbox"/> Junior (\$50) <input type="checkbox"/> Senior (\$55) * Per skater		
Adult Moves In The Field	Adult Freeskate	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) * Fee per skater		
Fees and Charges	Notes			
Test Fee(s) \$ _____ Late processing fee \$ _____ TOTAL \$ _____ Please Make Checks Payable to Ice in Paradise Figure Skating Club. Return completed application to: Ice in Paradise Attn: IPFSC 6985 Santa Felicia Drive Goleta, CA 93117	<ul style="list-style-type: none"> ▪ Forms must be complete (including signatures and payment) in order to be accepted for scheduling. ▪ All completed test applications and fees must be received by IPFSC at least THREE WEEKS PRIOR TO THE TEST DATE REQUIRED. ▪ Priority on tests will be given to IPFSC members. Test applications will be processed in the order in which they are received. ▪ 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. ▪ There are NO REFUNDS for contingent tests in a session that do not run because the initial test was not passed. ▪ Letters of permission for non-IPFSC members are required and must be attached to this application. ▪ Late test requests (less than seven days before the test session) if accepted, require a \$25 late processing fee. 			

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 the age of 18 must have a parent signature.*

Date

Coach's Signature (required)

Date

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