

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 #
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 Freeskating		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			
Test Fees \$ _____ Non-Home Club (\$40) _____ Late processing Fee \$ _____ TOTAL \$ _____ Please Make Checks Payable to: Ice In Paradise Figure Skating Club Return application to: Ice in Paradise Attn: IPFSC Test Chair 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 age of 18 must have a parent signature _____ Date _____

Coach Signature _____ Date _____

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