TEST APPLICATION

ONLY FULLY COMPLETED FORMS WILL BE ACCEPTED. Incomplete forms will be returned to your professional and will need to be resubmitted prior to the test application deadline.

Test Date _____

Skater's Name _____ Skater's DOB _____

Skater's Mailing Address_____

Contact Phone _____

Contact email _____ ISI Number _____

Test Requested

Freestyle _____
(Indicate Freestyle 1-10* or Open Freestyle-bronze, silver, gold, or platinum)

Other _____
(Pre-Alpha-Delta, etc.)

Dance _____
(Indicate Dance 1-10)

Pairs/Couples_____
(Indicate Pairs/Couples 1-10)

_____ _____

Skaters Signature **date**

Professionals Signature **date**
Professionals ISI #_____
Exp. Date_____

TEST FEE (circle one)

Test = $20 **Retest=$15** **Pre-Alpha-Delta=$10**

Indicate date of last test if retesting _____

In order to be accepted, test fees must accompany this test form and must be received one week prior to the scheduled test session date. *Hand test application and fee to Shelly Bressler during SBFSC time or mail to Shelly Bressler, 615 Sandridge Rd., Bowling Green, OH 43402.* Make checks payable to Silver Blades FSC.

**Freestyle 8-10 tests require additional ISI application & approval prior to the test being video tapped or skater must participate in a District Freestyle Testing Program.*