



HIGH LEVEL TEST APPLICATION

Skater's Name _____

Address _____

City _____ State _____ Zip _____

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

Skater's Age _____ Birthdate _____ M or F (circle one)

ISI Number _____ Expiration Date _____

Previous Test Passed _____ Location _____

Skater's Home Rink _____

Coach Name _____ Phone _____

TEST TO BE TAKEN: **DISTRICT TEST** _____ **or** **VIDEO TEST** _____

- Freestyle Level 7 _____ Level 8 _____ Level 9 _____
- Couples Level 7 _____ Level 8 _____ Level 9 _____
- 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 (per test) must accompany this application form. All partners for Couples, Pair, Dance, & Free Dance tests pay \$35.00 per couple not per skater. (*Note: This test application fee does not include any additional ice fees 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

This application form (with full payment) is due at least 30 days before test session.

For Video Testing, mail VHS tape or DVD to: ISI – Randy Winship, 17120 N. Dallas Parkway, Suite 140, Dallas, TX 75248. Make check payable to ISI or include complete credit card information below. Test results will be 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 _____