

IJS Protocol for Test Credit Request Form

Skater's Name: _____ USFSA # _____

Address: _____ City, State, and Zip _____

Phone: _____ Email: _____

Parent/Guardian or Adult Skater's Signature: _____

Coach's Statement: I verify that the athlete listed above is eligible to receive Test Credit through IJS protocol. I have seen the unaltered and correct scores, which match the protocol the athlete is submitting. I understand that altering a protocol sheet to meet the test requirement is considered an ethics violation of U.S. Figure Skating and The Professional Skaters Association.

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

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

Name of Competition: _____

Date of Competition: _____

| Tests you are requesting credit for | |
|-------------------------------------|------|
| Juvenile Freestyle | \$35 |
| Intermediate Freestyle | \$40 |
| Novice Freestyle | \$45 |
| Junior Freestyle | \$45 |
| Senior Freestyle | \$50 |
| Adult Gold Free skate | \$50 |

Please attach to this form:

1. The overall event results, which include the names and signatures of the Event Referee and Technical Controller
2. Your individual protocol
3. Your Test Credit Skater report from the competition
4. The required fee with checks made out to Skokie Valley Skating Club

All attachments must be hard copy. Incomplete requests will be returned. All communication is by email. **ALLOW TEN (10) DAYS FOR PROCESSING.** All requests for regionals must be received by **AUGUST 21** in order to be processed by September 1. **LATE FORMS WILL NOT BE PROCESSED.**

Mail application to: Marion Taicsich, 590 Greenview Lane, Wheeling, IL 60090

