



The North County Figure Skating Club Competition Test Credit Application

Skater's Information

Name: _____ USFSA #: _____

Parent/Guardian (if skater is under 18): _____

Email Address: _____ Phone #: _____

Coach's Information

Name: _____

USFSA #: _____ PSA Registration #: _____

Email Address: _____ Phone #: _____

Competition Information

Name of Competition: _____

Date of Competition: _____

Test Requesting Credit: _____

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 Signature: _____ Date: _____

Skater's Signature: _____ Date: _____
(Parent/Guardian if skater is under 18)

Instructions

1. Complete this form fully and legibly.
2. Attach documents collected at the competition including:
 1. The overall event results which include the names and signatures of the Event Referee and the Technical Controller
 2. Your individual protocol.
 3. Your **Test Credit Skater Report** from the competition accountant.
3. Have your coach verify the documents are true and valid and sign this form.
4. Make \$20.00 check payable to **North County FSC**. Submit documents & payment to the Club Test Chair:
Suzie Whitehead – Test Chair
PO Box 1893
Ramona, CA 92065