

IJS Protocol for Test Credit Request Form

(for use by All Year FSC members only)

| Athlete's Name | | | |
|---|-------------------------------|--|--|
| Athlete's USFSA# | | | |
| Parent/Guardian Name, if under | | | |
| 18 | | | |
| E-mail Contact | | | |
| Phone Contact | | | |
| | TH TR 4.00, A COACH MUST SIGN | | |
| THIS FORM TO VERIFY THAT THE DOCUMENTS ARE CORRECT | | | |
| AND UNALTERED. | | | |
| Coach Name | | | |
| Coach E-mail | | | |
| Coach Phone | | | |
| 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 requirements is considered an | | | |
| ethics violation of U. S. Figure Skating and The Professional Skaters | | | |
| Association. | | | |
| Coach's Signature (required) | | | |
| Coach's USFSA # (required) | | | |
| Today's Date (required) | | | |
| Name of Competition | | | |
| Date of Competition | | | |
| | | | |

Circle the test that you are selecting credit for:

| SINGLES Free Skate | PAIRS Free Skate | ICE DANCE Free Dance |
|--------------------|------------------|----------------------|
| Juvenile | Juvenile | Juvenile |
| Intermediate | Intermediate | Intermediate |
| Novice | Novice | Novice |
| Junior | Junior | Junior |
| Senior | Senior | Senior |
| Adult Gold | | |

Please attach Test Credit Packet from competition (signed copy of event results, individual protocol, and Test Credit Skater Report), along with payment of \$20 (checks payable to AYFSC), which covers the All Year administrative fee and the USFSA test fee. Return to your local All Year test chair or mail to Jayne Rendel, 3770 Deerlodge Circle, Corona, CA 92881. Please retain a copy of ALL paperwork for your records.