



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	
REQUIRED IN ACCORDANCE WITH 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.	
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 or EXCEL	PAIRS	ICE DANCE
Juvenile	Juvenile	Juvenile
Intermediate	Intermediate	Intermediate
Novice	Novice	Novice
Junior	Junior	Junior
Senior	Senior	Senior
Adult _____		

Please scan this document, along with your Test Credit Packet from competition (signed copy of event results, individual protocol, and Test Credit Skater Report) and email them to TestAYFSC@gmail.com. A \$24 amount due will be placed in your AYFSC membership shopping cart in EntryEze. This must be paid before the test credit is processed and recorded with USFSA. Please retain a copy of ALL paperwork for your records.