** IJS PROTOCOL FOR TEST CREDIT REQUEST FORM**

|  |  |
| --- | --- |
| **Athlete Name:** |  |
| **Athlete USFS#:**  |  |
| **Parent signature, if under 18:**  |  |
| **E-mail Contact:**  |  |
| **Phone Contact:**  |  |
|  |  |
| **Coach’s Name:**  |  |
| **Coach’s Email:**  |  |
| **Coach’s 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 requirement is considered an ethics violation of U.S. Figure Skating and the Professional Skaters Association.***  |
| **Coach’s Signature: Date:** |  |

*Select the test you are requesting credit for:*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Tests Singles Free Skate Test |  | Pairs Free Skate Tests Pairs Free Skate Test |  | Dance Tests DDance Test |  |
| **Juvenile $25**  |  | **Juvenile $25**  |  | **Juvenile $25** |  |
| **Intermediate $25**  |  | **Intermediate $25**  |  | **Intermediate $25**  |  |
| **Novice $25**  |  | **Novice $25**  |  | **Novice $25**  |  |
| **Junior $25**  |  | **Junior $25** |  | **Junior $25** |  |
| **Senior $25**  |  | **Senior $25**  |  | **Senior $25**  |  |
| **Adult Gold $25**  |  |  |  |  |  |
| **Total Fees:**  |  |

Please attach: (Ask for a Test Credit Packet at your competition and it should include #’s 1, 2 & 3)
1. The overall results, which include names and signature of the Event Referee and Technical Controller
2. Your individual protocol
3. Your Test Credit Skater report from the competition

4. Payment – check should be made out to Mountain Edge SC

Submit this packet to:

Margret Principe, Test Chair

Mountain Edge SC

29474 Wild Rose Dr.

Evergreen, CO 80439

For more information, please check the USFS webpage:

http://www.usfsa.org/content/IJS%20Protocol%20-%20Checklist%20for%20athletes%20and%20clubs.pdf