

CENTAURUS ICE SKATING CLUB (INC)

PO BOX 24240
EASTGATE
CHRISTCHURCH 8642
(Affiliated to the NZIFSA)



NZIFSA SKATING TEST APPLICATION

Name: Phone:

Address:

T/C No: Coach: Home Club:

FREE SKATING TEST

Test Applied for:

Test Fee	\$	35.00
Ice Time Fee	\$	35.00
TOTAL	\$	70.00

STROKING TEST

Test Applied for:

Test Fee	\$	35.00
Ice Time Fee	\$	35.00
TOTAL	\$	70.00

DANCE TEST

Test(s) Applied for: Level

Test Fee	\$	35.00
Ice Time Fee	\$	35.00
TOTAL	\$	70.00

Please list names of dance(s) you are testing for:

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TOTAL FEE ENCLOSED \$ _____

Please make payment to: **Centaurus Ice Skating Club – direct credit 03 0802 0094985 00 quoting skater’s name as reference (attach proof of payment to this form) or make cheque payable to “Centaurus Ice Skating Club, Inc.” and post to PO Box 24240**

Instructions to Skaters:

- The Skater shall complete the form in consultation with their coach, and send it with the appropriate Test plus Ice Time fee, to the Secretary of their Home Club no later than 21 days prior to the test date.
- Applications are not valid if they are submitted without the correct fee, or without a current T/C number shown.
- Skaters withdrawing from a test less than 14 days prior to the test date will incur a \$10.00 administration fee.
- All fees paid are non-refundable if a skater withdraws from a test less than 7 days prior to the test date for other than medical or bereavement reasons.

SIGNED DATE
(Coach)

SIGNED DATE
(Parent or Skater over 18 years)

For Club use:

Date Received Payment Received

Test Secretary