

# Ice & Blades of Western Pennsylvania, Inc.

Application for:

Test Award Year:

July 1, 2025 to June 30, 2026

Name: \_\_\_\_\_ Membership #: \_\_\_\_\_

Date test session was held: \_\_\_\_\_

Location of test session: \_\_\_\_\_

Check one:    ☐ USFS                      ☐ ISI

	<b><u>Test taken (include level and discipline of each test)</u></b>
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

I verify that I am a member of Ice & Blades of Western Pennsylvania, Inc. in good standing and have participated and passed in the above test(s) and submit same to be eligible for the Ice & Blades Competition Award. All forms due by 7/10/2026

Forward to: Dr. Lou DiToppa 711 Nathan Dr. North Huntingdon PA 15642

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Skater or Parent Signature)

Coach: \_\_\_\_\_ Date: \_\_\_\_\_  
(Coach Signature)

Received by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Awards Committee Signature)