Ice & Blades of Western Pennsylvania, Inc.

Application for: Competition Award

Year: July 1, 2026 to June 30, 2027

Name: _____ Membership #: _____

Competition: _____ Date held: _____

Location of Competition: _____

Check one: ☐ USFS ☐ ISI

	Event Skated		Level Skated		Results **
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

***** Copies of the results sheets MUST be attached if USFS and ISI***

I verify that I am a member of Ice & Blades of Western Pennsylvania, Inc. in good standing and have participated and placed in the above events and submit same to be eligible for the Ice & Blades Competition Award. All form due by 7/10/2027

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)

REVISED 8/26/26