

Ice & Blades of Western Pennsylvania, Inc.

Application for:

Test Award Year:

July 1, 2024 to June 30, 2025

Name: _____ Membership #: _____

Date test session was held: _____

Location of test session: _____

Check one: ☐ USFS ☐ ISI

	<u>Test taken (include level and discipline of each test)</u>
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 7/10/2025

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)