

IJS Protocol for Test Credit Request Form

(For MFSCH members only)

Athlete's Name:		
Athlete's member #:		
Parent name, if under 18:		
E-mail contact:		
Phone contact:		
Coach's Name:		
Coach's E-mail:		
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:		
Name of competition:		
Date of competition:		
Select the test you are requesting cre	edit for: (\$25 per test)	

SINGLES FREE SKATE TESTS	PAIRS TESTS	DANCE TESTS
Juvenile	Juvenile	Juvenile
Intermediate	Intermediate	Intermediate
Novice	Novice	Novice
Junior	Junior	Junior
Senior	Senior	Senior
Adult Gold		

Please attach to this form:

- 1. The overall event results, which include the names and signatures of the Event Referee and Technical Controller.
- 2. Your individual protocol
- 3. Your Test Credit Skater report from the competition.
- 4. Coach's statement to verify that the documents provided are correct and unaltered. (on this form)
- 5. Pay \$25 online through your MFSCH entry-eeze member account.

Methods of delivery:

(Please keep a copy for yourselves. MFSCH is not responsible for keeping any of the results/forms submitted.)

- 1) Hand to Test Chair, Memorial FSC of Houston;
- 2) Mail to Memorial FSC of Houston, P.O. Box 19933, Houston TX 77224; or,
- 3) Scan and email to test@memorialfsch.org

Any questions? Email test@memorialfsch.org

