ACT Ice Skating Association Inc



www.actisa.asn.au

ISA Test Application

Name of skater		Date of	birth
Name of coach			
Test required			
Test fee	To be paid by EFT to ACTISA BSB 112 908 Account 482330765 upon test application (non-refundable except under exceptional circumstances)		
Signature of skater, parent, or guardian			Date
Phone	Mobile		
Test date	EFT Receipt		
Test fees (includ	les GST)		
Singles		Elements	Patterns
Preliminary		\$65	\$60
Elementary		\$65	\$60
Basic Novice		\$65	\$70
Advanced Novice		\$65	\$70
Junior		\$65	\$70
Senior		\$65	\$80
Pairs - all levels		\$95 per couple	N/A
These charges include	de ice time and the comp	pulsory ISA test fee, per skater, per test	t.
See notice board	and website for the	closing date for test applications	
the ACTISA mail	box at Phillip rink by	or proof of payment, with the Tes the close of applications. Music n the rink equipment.	•
		test on the same test day must on their forms and payments.	discuss this with the
time permits (a	accept late applicatio applications will be po s are already on the	rocessed in order of receipt), and	d
		st be current financial members of er State must have written permi	
	•	es, please refer to the following I al/02_Proficiency_Tests.pdf	ink:
Queries: Email the results.	e Test Convener at AC	CTISA.test@gmail.com - Check www	w.actisa.asn.au for
Coach's Signatur	e:	Date:	_ / /