



Pavilion Skating Club  
of Cleveland Heights

FORM 6 (rev 7/2018)

# COMPETITION TEST REQUEST

Skater's Name: \_\_\_\_\_

USFS Number: \_\_\_\_\_ Parent Name (if under 18 yrs): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Parent if applicable) : (\_\_\_\_\_) \_\_\_\_\_ E-Mail (Parent if Applicable): \_\_\_\_\_

Name of Competition: \_\_\_\_\_ Date of Competition: \_\_\_\_\_

Singles Free Skate Tests		Couples Free Dance Tests		Pairs Tests	
	Juvenile		Juvenile		Juvenile
	Intermediate		Intermediate		Intermediate
	Novice		Novice		Novice
	Junior		Junior		Junior
	Senior		Senior		Senior
	Adult Gold	<b>Test Processing Fee: \$20 per test (one form per Test)</b>			

Type Results	Score
Technical Element Score	
Program Component Score	
Segment Score	
All valid elements complete (>0 points per element) (Yes or No)	

Current USFS home club memberships required

Please attach to this form the following: (scanned electronic or paper copies requested)

- The overall event results, including names and signatures of Event Referee and Technical Controller
- Skater's "Individual Protocol" sheet (from competition)
- Skater's "Test Credit Skater" report (from competition)

*I agree to abide by the Pavilion Skating Club Constitution and By-Laws which govern all Club activities. The supporting information provided is unaltered and as provided by the competition.*

**Signed:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Parent or Guardian if skater is under 18 yrs of age) (Print signature name)

Coach's Name: \_\_\_\_\_

Coach's E-Mail: \_\_\_\_\_ Coach's Phone: \_\_\_\_\_

Coach's USFS Number: \_\_\_\_\_ Coach's PSA Number: \_\_\_\_\_

*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:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return forms to PSC club office or mail to:  
or  
E-mail to: [psccluboffice@gmail.com](mailto:psccluboffice@gmail.com)

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