

Singapore Ice Skating Association

Singapore Sports Council, c/o Business Centre, 15 Stadium Road

National Stadium, Singapore 397718

Website: www.sisa.org.sg

Tel: 65 6340-9633 Fax: 65 6345-7036



TEST APPLICATION FORM

Instructions

- 1) For scheduled test dates and fees, please refer to SISA's website for details (www.sisa.org.sg)
- 2) Test envelopes must be postmarked 22 June 2007 for 8 July 2007 Test Day.
- 3) An Admin fee of \$20 will be charged for late entries (post-marked after the deadline) or non-cashable cheques.

Section 1: Particulars of Member

Name (Family Name, First Name e.g. Tan, Susan)	NRIC / Birth Cert / Passport Number
Residential Address _____ _____	Home Tel No.
	Mobile No.
Singapore Postal Code ()	

Section 2: Membership, Test and Payment Details

Home Club (TBISC, ASFSC, CISC, etc)	Name of Coach
Test Date Requested (dd-mmm-yyyy, eg: 20-Aug-2006)	Test Level Requested (Please circle level) Preliminary (\$30) / Pre-Juvenile (\$40) / Juvenile (\$40) / PreNovice (\$40) / Novice (\$50) / Junior (\$50) / Senior (\$50)
Amount to be paid. (Please make cheques payable to: Singapore Ice Skating Association)	Bank and Cheque Number

Section 3: Declaration

I agree to abide by the conditions governing the test application.

Member's Signature Date Coach's Signature Date

Note: For members below 18years, parental/guardian consent is needed. Please have your parent/guardian sign the consent below:
I agree to allow my child/ward to participate in the test.

Parent/Guardian Signature Date

Section 4: Official Use

This application is accepted /rejected. Remarks:

Approved:

Name Signature Date Bank/Cheque Number

Please send completed application form with cheque to:
Treasurer/Test Registrar
c/o Ms Monica Ng
No 3 Faber Avenue
Singapore 129617