

Singapore Ice Skating Association

3 Stadium Drive, #01-33 Singapore 397630

Tel: +65 8200 0474 Fax: +65 6722 0774

Website: www.sisa.org.sg



TEST APPLICATION FORM

Instructions

- 1) For scheduled test dates please refer to SISA's website.
- 2) Late entries will be accepted at the discretion of the General Manager. An administration fee of SGD\$25.00 will be charged for late entries or non-cashable cheques. Please do not mail cash.
- 3) SISA reserves the right to cancel the test if the response is poor and a full refund will be made.
- 4) SISA will not entertain requests for refund or transfer of fee to subsequent test if a skater is unable to take the test except on medical grounds in which case SISA will process refund less an administration fee of \$30 upon sighting of medical certificate issued by registered medical practitioners with the Singapore Medical Council.

Section 1: Particulars of Member

Name (Family Name, First Name e.g. Tan, Susan)	NRIC / Passport Number (last 3 digit)
Residential Address 	Home Tel No.
	Mobile No.
Singapore Postal Code ()	

Section 2: Membership, Test and Payment Details

Home Club:	Name of Coach & Email Address:
Test Date Requested (dd-mmm-yyyy, eg: 30-Aug-2008)	Test Level Requested (Please circle level); Elementary: \$100 Basic Novice & Intermediate Novice: \$150 Advanced Novice, Junior & Senior: \$200

Section 3: Declaration

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

Member's Signature Date Base or Main Coach's Name & Signature Date

Note: The base coach must be filled in and will be used for NCAP accreditation purposes. For members below 21 years, 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 Name of Parent/Guardian

Section 4: Official Use by Singapore Ice Skating Association

This application is accepted /rejected. Remarks:

Approved:

Name Signature Date Bank/Cheque Number

Submission Guidelines:

Application Form: via email to administration@sisa.org.sg

Application Fee:

BY BANK TRANSFER Name of Bank: UNITED OVERSEAS BANK LIMITED Account Name: SINGAPORE ICE SKATING ASSOCIATION Account Number: 936-341-938-7	BY PAYNOW UEN No.: S98SS0168E Account Name: SINGAPORE ICE SKATING ASSOCIATION
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Note: Local and Overseas bank charges to be borne by Payer. Kindly retain a copy of the bank transfer/PayNow receipt and email it to administration@sisa.org.sg. Application will not be accepted without a copy of the payment transfer receipt.