



APPLICATION TO BECOME A ISAI FIGURE / DANCE / SYNCHRO COACH

Full Name:ISAI Membership No:.....

Previous Name:.....Date of Birth:.....

Address:

.....
.....
..... Postcode.....

Telephone (home): (work) Fax:

E-mail address: Mobile:.....

(If applicable) – Date you regained eligible status:

Skating test standards attained with dates: (highest only)

.....
.....

Do you intend to attempt more tests? Yes / No

Are you still competing? Yes / No

Please give dates of last competition (state standard)

.....

Please give details of any involvement in skating since the above date (eg coaching/shows)

.....

Please give details of any club coaching previously undertaken:

.....



Please give details of any close or family connections to other judges/skaters/coaches/officials:

.....

Why do you want to become a coach?

.....

.....

Other outside relevant qualifications/interests:

.....

Signature: Date:

<u>Official Use</u>	
Accept <input type="checkbox"/>	Reject <input type="checkbox"/>
Reasons:	
Signed: Date:	