

# Gold Medal Recipients Information

## Name Engraved on Medal

Gold Medal Recipient: \_\_\_\_\_

**Ship Medal to**  
Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Gold Medals Earned

Am Solo Dance	_____	Intl Solo Dance	_____
Am Team Dance	_____	Intl Team Dance	_____
Circle Figure	_____	Loop Figure	_____
Inline Freestyle	_____	Quad Freestyle	_____
Inline Speed	_____	Quad Speed	_____

## Skater's Info

Home Rink: \_\_\_\_\_

Rink City: \_\_\_\_\_ State: \_\_\_\_\_

Coach: \_\_\_\_\_ Coach ID: \_\_\_\_\_

## Gold Medal Test Center Info

Test Date: \_\_\_\_\_ Test Director: \_\_\_\_\_

Test Rink: \_\_\_\_\_ Rink ID: \_\_\_\_\_

Contact Info for questions: \_\_\_\_\_

Each Gold Medal recipient **MUST** have this form completed and submitted with all other Test forms to receive their Gold Medal. Multiple Gold Medals per skater can be recorded on one form.



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