



New South Wales Ice Skating Assoc Inc

NSWISA Bye Application Form

Date of Application:	
Surname(s):	
First Name(s):	
Phone Number(s):	
Email Address(es):	
Coach(es):	
Discipline:	
Division(s):	
Test Level(s):	
Reason for Requesting a Bye:	
Supporting Documentation Attached:	



New South Wales Ice Skating Assoc Inc

Competitions Completed in Preceding 12 Months:			
Competition	Division	Place	TES

Payment Details & Confirmation:	
Signature of Applicant:	

Office Use Only:

Date Received:	
Received By:	
Outcome:	<input type="checkbox"/> Approved <input type="checkbox"/> Rejected
Date Advised:	

Version History:

Version	Approval Date	Change
1.0	13/02/2018	Form Introduction