



ICP International Skate School Recognition Program Application Form

Please fill in all of the information below and remit to info@inlinecertificationprogram.org

Skate School Directors Name:

Level(s) Certified:

Skate School Name:

Address:

City:

State/Province:

Country:

Phone Number:

Email Address:

Website Address:

Do you have other certified instructors that work for you?

If so, please list names and level(s) certified below:

Instructors Actively Teaching at Skate School

Name	Email	Name	Email

**For additional Instructors, please attach an additional list.*

Thank you for your continued support of the ICP and commitment to inline skating education excellence!

Inline Certification Program®
info@inlinecertificationprogram.org
www.inlinecertificationprogram.org
+1 216 261 3438