

ARCTIC FSC MOVES/FREESKATE TEST APPLICATION

Name: _____ USFS#: _____ Age: _____ Test Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Home Phone: _____ Home Club: _____

If Pairs Test, partner's name: _____ USFS#: _____

For Novice and above, fill out the following for school recognition;

Name of School: _____ Principal's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Circle or highlight the test(s) you want to take:

<u>MOVES IN THE FIELD</u>	<u>FREESKATE</u>	<u>PAIRS PER SKATER</u>	<u>ADULT MOVES, FS OR PAIRS</u>
Pre-Preliminary \$20	Pre-Preliminary \$15	Preliminary \$15	Pre-Bonze \$20
Preliminary \$25	Preliminary \$20	Juvenile \$20	Bronze \$25
Pre-Juvenile \$30	Pre-Juvenile \$20	Intermediate \$25	Silver \$35
Juvenile \$35	Juvenile \$25	Novice \$35	Gold \$40
Intermediate \$45	Intermediate \$30	Junior \$50	
Novice \$50	Novice \$35	Senior \$60	
Junior \$55	Junior \$45		
Senior \$65	Senior \$50		

PAYMENT:

Test #1 Description: _____ \$ _____

Test #2 Description: _____ \$ _____

Test #3 Description: _____ \$ _____

Out of Club Fee - \$20 \$ _____

Judge's Expense (required by all skaters) \$15.00 _____

TOTAL \$ _____

Skater/Parent Signature (Parent if skater is under 18)

Coach's Signature

CERTIFICATION OF OUT OF CLUB APPLICANT: The applicant named above is a member in good standing with the Home Club listed above and is eligible to take the USFS test(s) applied for :

_____ Date _____
Home Club Test Chair Signature

ARE YOU WILLING TO VOLUNTEER AT THIS TEST SESSION? YES NO

All applications are due 14 days prior to test date. Submit check/money order made payable to "AFSC" (CASH NOT ACCEPTED) and completed application to Arctic Edge Arena, 46615 Michigan Ave., Canton, MI 48188, Attn: Test Chair. If you have any questions, contact the test chair, Judy Wolak at 248.895.3139 or arcticfscstestchair@gmail.com.

DATE RECEIVED: _____

NO LATE APPLICATIONS ACCEPTED NO REFUNDS

CHECK NO. _____