May 7, 2008 Moves/Free Skate Test Application

This completed application must be RECEIVED no later than Friday, April 25, 2008

(Cancellations must be made by noon, Monday, May 5th to receive a refund)

Skater's Name _____ **USFS #**_____

Mailing Address _____ **Phone #** _____

City _____ **State** _____ **Zip** _____ **Test Date** **05/07/08**

Home Club _____ **Test(s) Requested** _____

Coach's Signature _____ **Coach's Phone #** _____

Parent's Signature _____ **E-mail** _____

(if skater is under 18 years of age) **(write clearly)**

Please complete this form. Return the form with your test fee(s) to one of the test chairs**. If a free skate test is contingent upon passing a moves test, please send two separate checks**. Please make checks payable to the St. Cloud Figure Skating Club (SCFSC). There will be a $20.00 charge for any NSF checks. All applications must be mailed. Late applications will ONLY be accepted at the discretion of the test chairs with a $20.00 LATE FEE. Please send a **self-addressed, stamped envelope** for us to send your testing time to you.

Moves in the Field	**Free Skate**	SCFSC Members Fee	Assoc. Member Fee	Non-Member Fee
Pre Preliminary	Pre Preliminary	$20.00	$25.00	$30.00
Preliminary	Preliminary	$20.00	$25.00	$30.00
Pre Juvenile	Pre Juvenile	$25.00	$30.00	$35.00
Juvenile	Juvenile	$30.00	$35.00	$40.00
Intermediate	Intermediate	$35.00	$40.00	$45.00
Novice	Novice	$40.00	$45.00	$50.00
Junior	Junior	$45.00	$50.00	$55.00
Senior	Senior	$50.00	$55.00	$60.00
Adult Pre Bronze	Adult Pre Bronze	$35.00	$40.00	$45.00
Adult Bronze	Adult Bronze	$40.00	$45.00	$50.00
Adult Silver	Adult Silver	$45.00	$50.00	$55.00
Adult Gold	Adult Gold	$50.00	$55.00	$60.00

Permission Form:

If you are a USFS member with a club **other** than the St. Cloud Figure Skating Club, you must provide permission to test from your home club's duly authorized representative as stated in TR 3.08 of the USFS rule book by completing the information below:

Name: _____ **USFS #:** _____

Has my permission to test with the St. Cloud Figure Skating Club on May 7, 2008. The information on this form is correct and the member is in good standing of the _____ club.

Signature of Test Chair: _____

Marcia Williams, Test Co-Chair
2430 Tiffany Ct.
St. Cloud, MN 56301

Phone: (320) 529-8218
E-mail: emckwilliams@charter.net

Dina Kortuem, Test Co-Chair
3010 Crescent Ridge Trail
St. Cloud, MN 56301

Phone: (320) 656-1197
E-mail: kortuems@charter.net

PLEASE BE AT THE RINK 45 MINUTES PRIOR TO YOUR SCHEDULED TEST TIME