

US Figure Skating Test Application

Skating Club of Maine

Hallowell, Maine

Application must be received by test chair by 01/25/2010. DATE OF TEST: February 15, 2009 EST. TIME: 8:00 a.m.

Skater's Name: _____ USFSA #: _____ DOB: _____

Address: _____ State: _____ Zip: _____

Telephone #: _____ e-mail _____

Parent/Guardian Signature: _____ Professional's Signature: _____

e-mail _____ Home Club _____

Dance Professional Signature: _____ e-mail _____ SCOM Assoc Member Y/N

Last Test (s) Failed/Date: _____ Moves _____ Free Skate _____ Dance _____ Pairs

Please Check Test(s) that the skater would like to test:

<u>MIF FIGURES</u>		<u>FREESTYLE</u>	
Pre-Preliminary	\$40.00 _____	Pre-Preliminary	\$35.00 _____
Preliminary	\$50.00 _____	Preliminary	\$40.00 _____
Pre-Juvenile	\$50.00 _____	Pre-Juvenile	\$40.00 _____
Juvenile	\$50.00 _____	Juvenile	\$40.00 _____
Intermediate	\$50.00 _____	Intermediate	\$40.00 _____
Novice	\$55.00 _____	Novice	\$45.00 _____
Adult Pre-Bronze	\$40.00 _____	Adult Pre-Bronze	\$35.00 _____
Adult Bronze	\$50.00 _____	Adult Bronze	\$40.00 _____
Adult Silver	\$55.00 _____	Adult Silver	\$45.00 _____
Adult Gold	\$60.00 _____	Adult Gold	\$50.00 _____

DANCE (please circle dance(s) testing)

Preliminary (DW, CT, RB) \$35.00 for ONE dance test
Pre-Bronze (FIT, SD, CC) \$35.00 for ONE dance test
Bronze (HH, WW, TF) \$35.00 for ONE dance test
Pre-Silver (FTNP, EW, FXTRT) \$35.00 for ONE dance test

Each additional test is \$25.00
Is the skater testing Masters? Y/N

Is the skater testing Solo? Y/N

A dance partner must be listed before tests can be scheduled Dance Partner _____

***PLEASE MAKE ALL CHECKS PAYABLE TO SKATING CLUB OF MAINE**

Test Fees

Hospitality Fee: \$10.00 _____ (applies to all skaters testing)

Non Member Fee: \$40.00 _____ (applies if you are not a SCOM member)

Late Fee \$20.00 _____ (Late Fee) For all applications received by test chair after 01/25/2010

TOTAL: _____ Test Fees are Non Refundable. If withdrawal due to illness, a doctor's note is due within 7 days after test session and test fees will be refunded.

Please mail Application, Waiver and Test Fees to: Susan T. Smith, 23 50th Fire Road, So China, ME 04358 (207) 445-4892 e-mail – slsmith@fairpoint.net

I, _____ certify that _____ is a member in good standing with _____
(Signature of Test Chair) (Skater Testing) (club)

For the 2009/2010 membership year and has the club's permission to test.

The test is being held at the Kennebec Ice Arena, 216 Whitten Road, Hallowell, Maine. (207) 622-6354