



US FIGURE SKATING TEST SESSION

Test Application
Sponsored by the Pilgrim Skating Club
At Hobomock Arena
Pembroke, MA

Test Date: _____ **Deadline:** _____

CANDIDATE'S NAME	USFS #	TELEPHONE #	
CANDIDATE'S ADDRESS	E-MAIL ADDRESS		
TEST TO BE TAKEN	TEST FEE	LAST TEST FAILED, if applicable	
CANDIDATE'S SIGNATURE	PARENT'S SIGNATURE	COACHES SIGNATURE	
PARTNER'S NAME, IF APPLICABLE	USFS#	TEST PASSED	PHONE

PERMISSION TO TEST

THIS IS TO CERTIFY THAT _____ IS A MEMBER IN GOOD STANDING OF THE
_____ SKATING CLUB FOR THE YEAR _____ AND HAS MY PERMISSION TO TEST.

TEST CHAIRPERSON'S SIGNATURE

**APPLICATION MUST BE SIGNED BY ALL PARTIES, COMPLETE AND INCLUDE CHECK
MADE OUT TO PSC TO BE ACCEPTED.**

**Please return completed form with payment to test chairperson by the deadline, or mail to:
Pilgrim Skating Club, P.O. Box 668, Pembroke, MA 02359**

TEST FEES

Member Fees:

All Moves in the Field or Free Skating Tests: \$40 for moves or freestyle test

Non-Member Fees:

All Moves in the Field or Free Skating Tests: \$50 for moves or freestyle test

Hospitality Fee: \$5.00

Late Fee: \$10.00

Note: Fee includes ½ hour practice ice prior to start of the test.