



Stoneham Figure Skating Club

TEST APPLICATION

Skater's Information

Test Date: _____

Name: _____ Email: _____

Address: _____ State: _____ Zip Code: _____ Phone: _____

USFS #: _____ Home Club: _____

Coach's Information

Email: _____

Name: _____ Phone: _____

Required Signatures

Skater: _____ Parent/Guardian: _____

Coach: _____

Permission To Test

This is to certify that _____ is a member in good standing of _____ and has my permission to test on the above date

Test Chair Signature: _____

√	Tests	Moves In The Field	FreeStyle	Non-Member Fee	Amount
	Pre-Preliminary	\$30.00	\$30.00	\$10.00	\$
	Preliminary	\$30.00	\$30.00	\$10.00	\$
	Pre-Juvenile	\$30.00	\$30.00	\$10.00	\$
	Juvenile	\$30.00	\$30.00	\$10.00	\$
	Intermediate	\$35.00	\$35.00	\$10.00	\$
	Novice	\$40.00	\$40.00	\$10.00	\$
	Junior	\$45.00	\$45.00	\$10.00	\$
	Senior	\$50.00	\$50.00	\$10.00	\$
	Pre-Bronze	\$30.00	\$30.00	\$10.00	\$
	Bronze	\$30.00	\$30.00	\$10.00	\$
	Silver	\$35.00	\$35.00	\$10.00	\$
	Gold	\$40.00	\$45.00	\$10.00	\$

Total Tests Amount: \$

√	Fees	SFSC Member Fee	Non-Member Fee	Amount
√	Hospitality Fee	\$15.00	\$20.00	\$
	Late Fee*	\$20.00	\$20.00	\$

Total Fees Amount: \$

Total Tests + Fees Amount: \$

Completed applications with the fee must be received by the test chair two weeks prior to the test date. *Late applications are only accepted if space is available and the \$20 late fee is included in the payment. SFSC members receive test space preference. No refunds will be given unless the test session is cancelled by the SFSC.

Please make checks payable to: SFSC

Mail to: SFSC, c/o Carlyene Prince-Erickson, 328 Green Street, Stoneham, MA 02180 Phone: 781-279-0537

Email: StonehamFSC@hotmail.com

URL: http://www.neicc.org/stoneham/stoneham_page1.htm