



USFS Test Application

Sponsored by the Lower Cape FSA

at Charles Moore Arena

23 O'Connor Way

Orleans, MA 02653



Application must be completely filled out. Checks made payable to: LCFSA

TEST DATE: _____ DEADLINE: Fourteen days prior to test date

Skaters Name: _____ USFS#: _____

Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

Last test passed & Date: _____ Last test failed & Date: _____

Skater's Signature: _____ Parent's Signature: _____

Coach's Signature: _____ USFS#: _____ (Coach must be registered with USFS)

Coach Email: _____ Coach Phone: _____

PERMISSION TO TEST:

This is to certify that _____ is a member in good standing of (home club) _____ for the year of _____ and has permission to test.

Test Chair's Signature: _____ Test Chair's Email: _____

Please CIRCLE all tests to be taken.

Field Moves:

Pre-Preliminary \$35
 Preliminary \$35
 Pre-Juvenile \$40
 Juvenile \$40
 Intermediate \$45
 Novice \$45
 Junior \$50
 Senior \$50

Adult:

Pre-Bronze \$35
 Bronze \$40
 Silver \$45
 Gold \$45

Free Skating:

Pre-Preliminary \$25
 Preliminary \$25
 Pre-Juvenile \$35
 Juvenile \$35
 Intermediate \$40
 Novice \$40
 Junior \$45
 Senior \$45

Adult:

Pre-Bronze \$30
 Bronze \$35
 Silver \$40
 Gold \$40

All NON LCFSA Club Members must include a \$10 hospitality fee.

Test fees must accompany application. No refunds will be granted.

Test applications will be accepted in the order they are received.

Please return test application and payment to:

Lower Cape FSA
PO Box 1197
East Orleans, MA 02643

