

GATE CITY FIGURE SKATING CLUB

USFS Test Application

Date of Test: _____

Applicant Name: _____ USFSA #: _____

Home Address: _____ Phone: _____

City/Town: _____ State: _____ Zip: _____

School Name & Address: _____

Applicant's Signature: _____ Email: _____

Parent's Signature: _____

Professional's Name & Signature: _____

Professional's USFSA #: _____ PSA #: _____

To be completed by an authorized representative of the applicant's home club.

PERMISSION TO TEST: This is to certify that the applicant is a member in good standing with the _____ and has permission to test.

Certifier's Name & Signature: _____

Title of Certifier: _____ Date: _____

TESTS & FEES
(Circle Test(s) to be taken)

MOVES IN THE FIELD

Pre-Preliminary	\$30.00
Preliminary	\$30.00
Pre-Juvenile	\$35.00
Juvenile	\$35.00
Intermediate	\$40.00
Novice	\$45.00
Junior	\$45.00
Senior	\$45.00
Adult PRE-BRZ	\$30.00
BRZ	\$30.00
SLV	\$35.00
GLD	\$35.00

Total Test Fees: \$ _____
Hospitality Fee: \$20.00
Non-member Fee: \$10.00
Total Enclosed: \$ _____

FREESTYLE

Pre-Preliminary	\$30.00
Preliminary	\$30.00
Pre-Juvenile	\$35.00
Juvenile	\$35.00
Intermediate	\$40.00
Novice	\$45.00
Junior	\$45.00
Senior	\$45.00
Adult PRE-BRZ	\$30.00
BRZ	\$30.00
SLV	\$35.00
GLD	\$35.00

Please make checks payable to GCFSC and include all test fees plus a \$20.00 hospitality fee and non-member fee if applicable. Applications may be submitted by postal mail. Address the applications as follows:

Carole Hudoba
483 Weston Road
Manchester, NH 03103

**** Please arrive at the rink 1 hour PRIOR to your warm up time ****

APPLICATIONS MUST BE FILLED OUT COMPLETELY AND RECEIVED WITH THE PAYMENT 14 CALENDAR DAYS PRIOR TO THE TEST DATE. APPLICATIONS RECEIVED AFTER THE DEADLINE WILL NOT BE ACCEPTED. SPACE IS LIMITED AND PLACEMENT WILL BE DETERMINED BY POSTMARK DATE ON THE APPLICATION.