

F.F.S.C. Test Application

Test Date: _____ Application Deadline: _____

Name of skater: _____ USFS Number : _____

Address: _____ Phone : _____

_____ Email address: _____

Home Skating Club If Other Than F.F.S.C.: _____

There is a \$10 non-member fee

Test To Be Taken:

Moves In The Field: _____

Freestyle: _____

Last Test Failed: _____ Date : _____

Last Test Passed: _____ Date : _____

Parent signature : _____ Skaters signature: _____

Instructor's signature _____ Permission from Home Club: _____

Test Fees:	<u>Moves</u>	<u>Freestyle</u>
Pre-Preliminary	\$13	\$11
Preliminary	\$15	\$13
Pre-Juvenile	\$18	\$16
Juvenile	\$20	\$18
Intermediate	\$22	\$20
Novice	\$25	\$23
Junior	\$30	\$28
Senior	\$38	\$33

General Information: All test fees are to be **PAID BY CHECK**, made payable to FFSC.

You must have **SEPARATE CHECKS** for **freestyle** tests that need a moves test passed first.

If the skater is a non-member the \$10 fee can be added to your test fee check.

Mailing address for the club is: FFSC, PO BOX 464, Falmouth, MA 02541

All testers need a separate check for the rink fee of \$10, made out to FFSC.

All applications must be returned by the application deadline with the test fee **PAPERCLIPPED** to the application. If skater withdraws from test session after appl. deadline, no refund will be given.

We try our best to notify skaters & post the test schedule on the FFSC board a week before the test.

We ask that all testers please be at the Arena **45 minutes** prior to their **WARMUP TIME**.

Please ask your instructor what you should wear for your test.

We are in need of volunteer parents to help with cleaning up the clubroom after the test session is over, if you can help please notify the test chairperson, it would be greatly appreciated. Thank you for your cooperation, if you have any further questions please contact the test chairperson.