

Stockton Figure Skating Club

TEST APPLICATION

(PLEASE TYPE OR PRINT APPLICATION)

SKATERS NAME _____ TEST DATE: ____/____/____

TEST(S) REQUESTED: _____

HOME CLUB: _____ US FIGURE SKATING#: _____
(NON-SFSC HOME CLUB MEMBERS MUST PROVIDE A LETTER OF PERMISSION FROM THEIR HOME CLUB)

SKATER'S ADDRESS: _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE () _____ EVENING/HOME () _____

EMAIL: _____

PRO'S NAME: _____ PRO'S PHONE: () _____

PRO'S SIGNATURE: _____

PLEASE NOTE: IT IS THE RESPONSIBILITY OF THE COACH AND SKATER (AND/OR PARENT, IF THE SKATER IS UNDER THE AGE OF 18) TO VERIFY THE APPROPRIATE TEST LEVEL AND REQUIREMENTS FOR THAT TEST. ANY INCORRECT INFORMATION CAN RENDER A COMPLETED TEST NULL AND VOID BY US FIGURE SKATING. FEES FOR VOIDED TEST WILL NOT BE REFUNDED BY THE SFSC.

TOTAL TEST FEE ENCLOSED (SEE REVERSE SIDE OF APPLICATION FOR SCHEDULE OF FEES): \$ _____ THE TEST APPLICATION MUST BE RECEIVED BY THE TEST CHAIR PERSON WITH FULL TEST FEES PAID AND A LETTER AND A LETTER OF PERMISSION (IF NEEDED) IN ORDER FOR YOU TO BE SCHEDULED. IT MUST ALSO BE RECEIVED **4 WEEKS** PRIOR TO THE SCHEDULED TEST DATE. FAILURE TO COMPLETE ALL REQUESTED INFORMATION MIGHT PREVENT YOUR TEST FROM BEING SCHEDULED. THE FINAL NUMBER OF TESTS SCHEDULED WILL BE DETERMINED BY AVAILABLE ICE TIME. AN ADDITIONAL NON REFUNDABLE LATE FEE OF \$10 IS REQUIRED IF APPLICATION IS TURNED IN UP TO 5 DAYS AFTER THE DEADLINE DATE. I UNDERSTAND THAT THE FEES ARE NOT REFUNDABLE IF I WITHDRAW FROM THE TEST UNLESS WITHDRAW IS DUE TO INJURY OR ILLNESS SUPPORTED BY A MEDICAL REPORT. INSUFFICIENT NUMBER OF TEST APPLICATIONS MAY MAKE IT NECESSARY TO CANCEL THE TEST SESSION. CANCELED TEST WILL BE REFUNDED.

SKATER'S SIGNATURE: _____ DATE _____
(SIGNATURE OF PARENT/GUARDIAN IF SKATER IS UNDER 18 YEARS OF AGE)

MAKE CHECKS PAYABLE TO: THE STOCKTON FIGURE SKATING CLUB

MAIL TO: BETSY ELIZALDE TEST CHAIRPERSON

C/O STOCKTON FIGURE SKATING CLUB

P.O. BOX 4082

STOCKTON, CA 95204

EMAIL: BETSABEELIZAIDE@AOL.COM