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Home Club:	Test Date:			
Skater's Name:	USFSA #			
Address:	City, State, and Zip			
Phone:	Email:			
Parent/Guardian or Adult Skater's Signature:				
Coach's Statement: I have reviewed and a form, I certify that I am compliant with U.S date with PSA CER requirements	• • • • • • • • • • • • • • • • • • • •			, , ,
Coach's Name:	Coach's Signature:			
Coach's Email:	Coach's Phone:			
ONE TEST PER APPLICATION AND A CHECK FOR EACH TEST must be in the hands of the Test Chair (NOT postmarked) 3 weeks prior to the test. Incomplete applications will be returned. All communication is by email so it MUST BE LEGIBLE. Waitlisted skaters are automatically moved to the next session unless the Test Chair is notified three weeks prior to the test date. Fees are forfeited unless scratches are made by midnight 7 days prior to the test. Coach must be USFS/PSA compliant in order to coach a student at test session.	Level (*indicate Standard, Adult or Masters) Pre-Preliminary Pre-Preliminary FS w/ music Preliminary Pre-Juvenile Juvenile Intermediate* Novice* Junior* Senior* Adult Pre-Bronze Adult Silver	FS FS FS FS FS FS FS FS	\$30 \$30 \$35 \$40 \$40 \$40	MIF \$25 NA MIF \$25 MIF \$35 MIF \$40 MIF \$45 MIF \$45 MIF \$45 MIF \$50 MIF \$30 MIF \$35 MIF \$35
Skaters should arrive at least 60 minutes before their scheduled warm-up except for first group.	Adult Gold		\$35	MIF \$45
USFSA members in a club other than SVSC, MUST have a letter of permission from your Home Club's	Total	Test F	ee	\$

have a letter of permission from your Home Club's duly authorized representative as stated in TR 1.028 of the U.S. Figure Skating Rule Book.

Make checks payable to SVSC. Mail application to **Marion Taicsich**, **590 Greenview Lane**, **Wheeling IL 60090**

Tentative test schedule will be posted no later than 2 weeks before test date www.skokievalleyskatingclub.com. It is also emailed to the coaches.

Total Test Fee	\$
Out of Club Fee \$20 per test	\$
Total	\$