

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 approve the test application of this skater. By signing this form, I certify that I am compliant with U.S. Figure Skating coaching requirements and I am up-to-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.

Skaters should arrive at least 60 minutes before their scheduled warm-up except for first group.

Level (*indicate Standard, Adult or Masters)		
Pre-Preliminary	FS \$30	MIF \$35
Pre-Preliminary FS w/ music	FS \$35	NA
Preliminary	FS \$35	MIF \$35
Pre-Juvenile	FS \$40	MIF \$45
Juvenile	FS \$40	MIF \$45
Intermediate*	FS \$45	MIF \$50
Novice*	FS \$50	MIF \$55
Junior*	FS \$50	MIF \$55
Senior*	FS \$50	MIF \$60
Adult Pre-Bronze	FS \$35	MIF \$40
Adult Bronze	FS \$40	MIF \$45
Adult Silver	FS \$40	MIF \$50
Adult Gold	FS \$45	MIF \$55

USFSA members in a club other than SVSC MUST 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.
 (UPDATED 9/12/2019)

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