Keene Figure Skating Club

c/o Wendy Freitas
17 Brookside Drive
Gardner, MA 01440

Test Session location: Keene Ice, Keene,NH

Tuesday, November 28, 2017

Application deadline: Wednesday, November 22, 2017

Name:_____Tel#_____
As it appears on USFSA card

Address:_____

Town:_____State:_____Zip:_____

Home Club:_____

Test(s) to be taken:_____

Last Test Passed/date:_____

Last Test Failed/date:_____

Candidate's Signature:_____

Parent's Signature:_____

Professional's Signature:_____

Fees are not refundable except in the case of an accident or illness. Test fees must accompany this application. Make checks payable to Cheshire FSC. *This application is not valid unless signed and Test fees are attached.* Mail to the above address.

Please circle test(s) to be taken

Tests and Fees

	KFSC Member	Non-Member
Moves in the Field		
Pre-Prel	28	38
Pre	30	40
Pre-Juv	32	42
Juv	34	44
Int	36	46
Nov	38	48
Jun	40	50
Sen	45	55
Freestyle		
Pre-Prel	22	32
Pre	24	34
Pre-Juv	26	36
Juv	28	38
Int	30	40
Nov	32	42
Jun	34	44
Sen	36	46
Adult Freestyle		
Pre-Bronze	24	34
Bronze	28	38
Silver	32	42
Gold	36	46
Adult MIF		
Pre-Bronze	26	36
Bronze	30	40
Silver	34	44
Gold	38	48
****Hospitality Fee (REQUIRED)***		**$10.00**
Late Fee		$10.00
Total Enclosed $		

Permission to Test

This is to certify that_____is a member in good
name

standing of _____for the period of_____
home club year

and has permission to test on the above date.

_____
Signature of Club Officer or Test Chairperson .

You will be notified asap *AFTER* the test deadline of the scheduled practice time and test time. Any questions please email Wendy @ gwfreitas@comcast.net

*****Email address:_____**