

2025 Bend of the River Mankato Figure Skating Club Test Application

Please Complete and Return with Payment by December 16, 2024 Deadline

Test Date January 10, 2025

Skater's Name _____ USFSA # _____

Mailing Address _____ Birthdate _____

City _____ State _____ Zip _____ Phone _____

Email Address _____ Home Club _____

Non-Members please attach "Permission to Test" form signed by Home Club Test Chair.

CHECK YOUR TEST CHOICE(S) BELOW

Test Level: Skating Skills (Moves)	Member Fee	"X" Test Choice	Non-Member Fee	"X" Test Choice
Pre-Preliminary	\$55		\$80	
Preliminary	\$55		\$80	
Pre-Bronze (Pre-Juv)	\$55		\$80	
Bronze (Juvenile)	\$55		\$80	
Pre-Silver (Inter.)	\$65		\$90	
Silver (Novice)	\$65		\$90	
Pre-Gold (Junior)	\$75		\$100	
Gold (Senior)	\$75		\$100	

Test Level: Singles (Free Skate)	Member Fee	"X" Test Choice	Non-Member Fee	"X" Test Choice
Pre-Preliminary	\$55		\$80	
Preliminary	\$55		\$80	
Pre-Bronze (Pre-Juv)	\$55		\$80	
Bronze (Juvenile)	\$55		\$80	
Pre-Silver (Inter.)	\$65		\$90	
Silver (Novice)	\$65		\$90	
Pre-Gold (Junior)	\$75		\$100	
Gold (Senior)	\$75		\$100	

Test Fees will not be returned after the test deadline date. Exceptions will be made for injury/illness as long as a physician's letter is provided confirming the injury/illness, which prevented skater from testing.

Total fee(s) included: _____ Please make checks payable to **MFSC**

Application must be returned to test chair using one of the following methods.

USPS Mail - All fees must accompany this application & be post marked no later than Dec. 16, 2024

Email this application to jill_nusser@yahoo.com & Venmo payment to Mankato-FSC by Dec. 16, 2024

Applications postmarked or received via email after the deadline date must include a \$25.00 late fee.
A late application will only be accepted upon approval of the test chair.

Note: Test Sessions may be limited due to available ice and judges.

*****Test Fees are NOT refunded if a test is not passed*****

I verify to the best of my knowledge that this skater is prepared to test at this level.

Coach's Signature _____ Date _____

Coach's USFS # _____

Parent or Guardian Signature _____ Date _____

(If skater is under 18 years of age, parent please sign & date.)

Mail to Test Chair:

Mankato FSC Testing
c/o Jill Nusser

20955 549th Avenue
Mankato, MN 56001
jill_nusser@yahoo.com
507-304-1058