

Mankato Figure Skating Club Testing Application

Skater's Name _____ USFSA# _____
 Mailing Address _____ Birthdate _____
 City _____ State _____ Zip _____ Phone _____
 Email Address _____ Home Club _____

****Non-Members please include a "Permission to Test" form signed by your home club test chair.**

| Moves in the field Test Level | Member Fee | "X" Test Choice | Non-Mem. Fee | "X" Test Choice |
|----------------------------------|---------------|-----------------------|-----------------|-----------------------|
| Pre-Preliminary | \$55 | | \$80 | |
| Preliminary | \$55 | | \$80 | |
| Pre-Juvenile | \$55 | | \$80 | |
| Juvenile | \$55 | | \$80 | |
| Intermediate | \$65 | | \$90 | |
| Novice | \$65 | | \$90 | |
| Junior | \$75 | | \$100 | |
| Senior | \$75 | | \$100 | |

| Free Skate Test Level | Member Fee | "X" Test Choice | Non-Mem. Fee | "X" Test Choice |
|--------------------------|---------------|-----------------------|-----------------|-----------------------|
| Pre-Preliminary | \$55 | | \$80 | |
| Preliminary | \$55 | | \$80 | |
| Pre-Juvenile | \$55 | | \$80 | |
| Juvenile | \$55 | | \$80 | |
| Intermediate | \$65 | | \$90 | |
| Novice | \$65 | | \$90 | |
| Junior | \$75 | | \$100 | |
| Senior | \$75 | | \$100 | |

All fees must accompany this application. Testing fees will not be returned after the testing deadline date. Exceptions will be made for injury or illness as long as a physician's letter is provided confirming the injury or illness, which prevented skater for testing.

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

Application must be returned to the test chair & be post marked no later than two weeks prior to the test date.

Applications postmarked 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 the availability of 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 of Guardian Signature Date

Contact Jill:

**jill_nusser@yahoo.com
 507-304-1058**

Mail to Test Chair:

**Mankato FSC Testing
 C/O Jill Nusser
 20955 549th Avenue
 Mankato, MN 56001**