Mankato Figure Skating Club Testing Application

Skater's Name				USFS#Birthdate						
Mailing Addre	ss									
City				StateZip_	Phone	e				
Email Address Home Club										
**	*Non-Memb	ers please	include a	"Permission to Te	st" form signed by	your home	club test o	hair.		
Skating Skills (Moves in the Field) Test Level	Member	"X" Test Choice	Non- Mem. Fee	"X" Test Choice	Singles (Free Skate) Test Level	Member	"X" Test Choice	Non- Mem. Fee	"X" Test Choice	
Pre-	Fee	Choice	гее	Choice	Pre-	Fee	Choice	гее	Choice	
Preliminary	\$55		\$80		Preliminary	\$55		\$80		
Preliminary	\$55		\$80		Preliminary	\$55		\$80		
Pre-Bronze (Pre-Juvenile)	\$55		\$80		Pre-Bronze (Pre-Juvenile)	\$55		\$80		
Bronze (Juvenile)	\$55		\$80		Bronze (Juvenile)	\$55		\$80		
Pre-Silver (Intermediate)	\$65		\$90		Pre-Silver (Intermediate)	\$65		\$90		
Silver (Novice)	\$65		\$90		Silver (Novice)	\$65		\$90		
Pre-Gold (Junior)	\$75		\$100		Pre-Gold (Junior)	\$75		\$100		
Gold (Senior)	\$75		\$100		Gold (Senior)	\$75		\$100		
Арр	lication must	t be returne Applications A late ap Note: Test	d to the tes postmarke oplication v sessions m	St chair & be postma d after the deadline vill only be accepted ay be limited due to	Please ma nrked no later than o date must include a upon approval of th the availability of io if a test is not pase	leadline post \$25.00 late fo e test chair. ce and judges	ed on our w ee.			
l verify to the Coach's Signat		knowledg	e that this	s skater is prepare Date	d to test at this lev	vel.	Coach's I	JSFS #		
Parent or Guardian Signature				Date			Mail to Test Chair:			
				Contact Jill:			Mankato FSC Testing C/O Jill Nusser			
				jill_nusser@yahoo.com 507-304-1058			20955 549 th Avenue Mankato, MN 56001			