

Wallace Figure Skating Club, Inc.

P.O. Box 2043, Fitchburg, MA 01420
 (978) 345-7054 * www.wallacefsc.com
 Wallace Civic Center @ Fitchburg State University, 1000 John Fitch Hwy, Fitchburg, MA

Test Application

Test Date: February 20, 2012 USFS# _____
 Application deadline: February 6, 2012 Required

Name: _____ Tel# _____
 As it appears on USFSA card

Address: _____

Town: _____ State: _____ Zip: _____

Home Club: _____

Test(s) to be taken: _____

Last Test Passed/date: _____

Last Retry Test/date: _____

Candidate's Signature: _____

Parent's Signature: _____

Professional's Signature: _____

Professional's USFS #: _____ Email: _____

Please circle test(s) to be taken

| Tests and Fees | | |
|---------------------------|-------------|------------|
| | Club Member | Non-Member |
| <u>Moves in the Field</u> | | |
| Pre-Prel | 30 | 40 |
| Pre | 30 | 40 |
| Pre-Juv | 35 | 45 |
| Juv | 35 | 45 |
| Int | 40 | 50 |
| Nov | 40 | 50 |
| Jun | 45 | 55 |
| Sen | 45 | 55 |
| <u>Freestyle</u> | | |
| Pre-Prel | 20 | 30 |
| Pre | 25 | 35 |
| Pre-Juv | 30 | 40 |
| Juv | 30 | 40 |
| Int | 35 | 45 |
| Nov | 35 | 45 |
| Jun | 40 | 50 |
| Sen | 40 | 50 |
| <u>Adult</u> | | |
| Pre-Bronze | 25 | 35 |
| Bronze | 25 | 35 |
| Silver | 30 | 35 |
| Gold | 35 | 45 |
| Hospitality Fee | | \$10.00 |
| Late Fee | | \$15.00 |
| Total Enclosed \$ | | _____ |

Permission to Test

This is to certify that _____ is a member
 name
 in good standing of _____
 home club
 for the period of _____ and has permission to test on the above date.
 year

Signature of Club Officer or Test Chairperson

Position

Fees

All members who are testing will be asked to assist with hospitality for the judges meals, or pay \$10 hospitality fee. Non-Members are to include \$10 for hospitality. You will be contacted the week before you test. Late fees are applicable to forms and/or fees received less than 14 days prior to test date. Fees are not refundable except in the case of an accident or illness. Test fees must accompany this application. Make checks payable to Wallace FSC. **This application is not valid unless signed and Test fees are attached.** Mail to the above address or bring to the Wallace FSC club room.

Contact the Test Chair by email (testchair@wallacefsc.com) 6 days before testing for Schedule or write your e-mail address for the schedule to be e-mailed to you 6 days prior to testing.

Skater's E-mail: _____