

Hudson-Mohawk Figure Skating Club, Inc.
RPI Field House, People Ave., Troy, N.Y. 12180
U.S. Figure Skating Test Application

Skater's Name: _____

Address: _____

Email: _____

Telephone: _____ Home Club: _____

U.S. Figure Skating Number: _____

Professional Signature:

I confirm that my U.S. Figure Skating Membership is current, and that I have completed the background check.

Professional's Signature & Phone Number Date

All fees must accompany the completed test application before the test can be scheduled.

Test Category: _____ Level: _____ Fee: _____

If Entry, Date Last Skated: _____

MIF: _____

Freestyle: _____

Dance(s): _____

If taking a dance test, will this complete the level? Yes ☐ No ☐

If retrying a test, it is the skater's responsibility to be sure
that there are at least 28 days between tests.

Fee must accompany the application, or the test will not be scheduled.
There will be no refund, unless cause is accident related.

FREE SKATING/MIF
(Please Check.)

Pre-Preliminary	\$35 <input type="checkbox"/>	MIF <input type="checkbox"/>
Preliminary	\$38 <input type="checkbox"/>	MIF <input type="checkbox"/>
Pre-Juvenile	\$43 <input type="checkbox"/>	MIF <input type="checkbox"/>
Adult Pre-Bronze	\$43 <input type="checkbox"/>	MIF <input type="checkbox"/>
Juvenile	\$48 <input type="checkbox"/>	MIF <input type="checkbox"/>
Adult Bronze	\$48 <input type="checkbox"/>	MIF <input type="checkbox"/>
Intermediate	\$53 <input type="checkbox"/>	MIF <input type="checkbox"/>
Adult Silver	\$53 <input type="checkbox"/>	MIF <input type="checkbox"/>
Novice	\$58 <input type="checkbox"/>	MIF <input type="checkbox"/>
Adult Gold	\$58 <input type="checkbox"/>	MIF <input type="checkbox"/>
Junior	\$63 <input type="checkbox"/>	MIF <input type="checkbox"/>
Senior	\$68 <input type="checkbox"/>	MIF <input type="checkbox"/>

DANCE
(Fee is per dance. Please Check.)

Preliminary (\$32)	DW <input type="checkbox"/>	CT <input type="checkbox"/>	RB <input type="checkbox"/>	
Pre-Bronze (\$37)	SD <input type="checkbox"/>	CC <input type="checkbox"/>	FT <input type="checkbox"/>	
Bronze (\$42)	HH <input type="checkbox"/>	EW <input type="checkbox"/>	TF <input type="checkbox"/>	
Pre-Silver (\$47)	14S <input type="checkbox"/>	EW <input type="checkbox"/>	FT <input type="checkbox"/>	
Silver (\$52)	AW <input type="checkbox"/>	T <input type="checkbox"/>	RF <input type="checkbox"/>	
Pre-Gold (\$57)	PD <input type="checkbox"/>	K <input type="checkbox"/>	B <input type="checkbox"/>	SW <input type="checkbox"/>
Gold (\$62)	VW <input type="checkbox"/>	WW <input type="checkbox"/>	QS <input type="checkbox"/>	AT <input type="checkbox"/>

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Home Club's Permission to Test:

To the best of my knowledge, _____
is a member in good standing with his/her home club, and has permission to test with the
Hudson-Mohawk FSC on **March 26th, 2017.**

Signature of Club Officer Date

Club Office: _____ Phone Number: _____

To be in good standing, a skater must be a current U.S. Figure Skating Club Member,
and be up to date with fees due to his/her home or member club.

Special Requests:

Please list any special requests below. We will do our best to accommodate them. After the
schedule is posted, special requests may not be possible.

THERE IS A \$35 FEE FOR ALL CHECKS RETURNED.

Please make your check payable to HMFSC.

Mail application and check to:

Tommie Palladino
18 Yardley Ct.
Loudonville, NY 12211

(518) 783-1275

Please call ASAP, if you are testing for Gold Level.

ALL APPLICATIONS MUST BE RECEIVED BY MARCH 12th, 2017