

Mankato Figure Skating Club January 11, 2019 Test Application

Please Complete and Return with Payment by December 14 ,2018

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: Moves in the Field	Member Fee	Check Test Choice	Non-Member Fee	Check 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	

Test Level: Free Skate	Member Fee	Check Test Choice	Non-Member Fee	Check 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. 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 & post marked no later than December 14, 2018.

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 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:
Mankato FSC Testing
c/o Jill Nusser
20955 549th Avenue
Mankato, MN 56001
jill_nusser@yahoo.com
507-304-1058