

**2016 Bend of the River Testing Application**  
**Test Date is January 8, 2016**

Skater's Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Email Address \_\_\_\_\_  
USFS # \_\_\_\_\_  
Home Club (full Name) \_\_\_\_\_

Level	Moves	Fee	Level	Freestyle	Fee
Pre-Preliminary		\$55	Pre-Preliminary		\$55
Preliminary		\$55	Preliminary		\$55
Pre-Juvenile		\$55	Pre-Juvenile		\$55
Juvenile		\$55	Juvenile		\$55
Intermediate		\$65	Intermediate		\$65
Novice		\$65	Novice		\$65
Junior		\$75	Junior		\$75
Senior		\$75	Senior		\$75

Total fee(s) included: \_\_\_\_\_ Checks payable to MFSC

**Test session deadline is December 18, 2015**

Test fees will not be refunded if a test is not passed.

\*\*\*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 and is in good standing with their home club. This skater may test outside of their home club.

\_\_\_\_\_  
Coach's Signature Date

\_\_\_\_\_  
Coach's USFS #

\_\_\_\_\_  
Home Club Test Chair's Signature Date

\_\_\_\_\_  
Parent or Guardian Signature Date

**Mail to:**  
Bend of the River Testing  
c/o Lisa Hopkins  
55222 190th Street  
Mankato, MN 56001  
[hopkins@hickorytech.net](mailto:hopkins@hickorytech.net)  
507-779-9111