

Skating Club of Brewster USFS Test APPLICATION Test date: Thursday, October 26, 2017, 2:00 p.m.

Skater Name: _____ USFS# _____
 Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Telephone: _____

Parent Name (if under 18): _____ 2017-2018 Home Club*: _____

*If Home Club is not Skating Club of Brewster, attach test permission slip from your home club, or have your home club officer or test chair sign at the bottom of this form.

Coach: _____

Coach's email: _____ Coach's phone: _____

Is your coach CER compliant for 2017-2018? Yes _____ No _____

In accordance with USFS regulations: All coaches must be CER compliant and registered with USFS for 2017-2018 season or he/she cannot put you on at the test and will not be allowed in testing zone.

Coach's signature: _____ Date: _____

PLEASE CIRCLE TESTS DESIRED:

	<u>MOVES:</u>	<u>FREE SKATE:</u>		
Pre-Preliminary	\$44.00	\$44.00		
Preliminary	\$44.00	\$44.00		
Pre-Juvenile	\$44.00	\$44.00		
Juvenile	\$54.00	\$44.00		
Intermediate	\$59.00	\$44.00	Test Fee Total:	\$ _____
Novice	\$59.00	\$54.00	Plus Ice Fee (All Skaters)	\$ <u>25.00</u>
Junior	\$59.00	\$54.00	*Guest fee: \$30.00 per test	\$ _____
Senior	\$59.00	\$54.00	Assoc Member Fee \$15.00 per test	\$ _____
Adult Pre-Bronze	\$44.00	\$44.00	Late Fee \$25.00	\$ _____
Adult Bronze	\$44.00	\$44.00	(applications postmarked after deadline)	
Adult Silver	\$59.00	\$54.00		
Adult Gold	\$59.00	\$54.00	Total Enclosed:	\$ _____

If you are taking more than one test and two different coaches are putting you on, please submit separate applications.

If you sign up for a Moves and Freestyle test at the same level and do not pass the Moves test, the fee for the freestyle test will not be refunded. If you register for more than one Moves or Freestyle test, you must pass the lower level test first in order to take the higher level test. If you do not pass the lower level test, you may not take the higher level test and the fee will not be refunded.

Music for Freestyle Programs will be accepted in the form of CD only.

Application and payments must be postmarked three weeks (10/5/2017) prior to test date. Applications postmarked after October 5 are accepted at the discretion of the Test Chair and will require a \$25 late fee. Priority is given to SC of Brewster Home Club and Associate Members. Applications will be processed in the order in which they are received. Test fees are non-refundable.

Communication regarding test schedule will be sent via email. Please check your email regularly in the days leading up to the test. Applications will be processed in the order in which they are postmarked. Please be at the rink 1 hour before your assigned warm-up and be sure to check in with test chair.

Mail the test application and check payable to the **Skating Club of Brewster** to:

Alison Insinger, 20 White Pond Colony Rd, Carmel, NY 10512. Any questions please email: skatebrewster@gmail.com.

"I acknowledge that I have read and agree to the rules concerning this application":

Signature of Parent: (for skaters under 18 years)

_____ Date _____

Signature of Skater (for skaters 18 years and over)

_____ Date _____

*If you are not a Home Club Member of SC of Brewster, you must obtain permission to test from your Home Club.

Name: _____ is a member in good standing with _____.

Signature of Test Chair or Home Club Officer: _____ Date: _____