

USFS FREE SKATE & MOVES IN THE FIELD TEST APPLICATION

APPLICATIONS MUST BE RECEIVED THREE (3) WEEKS BEFORE THE TEST DATE.

INCOMPLETE APPLICATIONS WILL BE RETURNED

LATE APPLICATIONS WILL BE FINED \$25.

Skater Name	Home Club
Street Address	USFS#
City, State, Zip	School
Telephone	School Address
Pro's Name	City, State, Zip
Pro's Telephone	Pro's Signature
Name of Coach putting skater on for Test:	

It is imperative that the coach signs the application after it is completed to ensure that it has been filled out properly. Please refer to the coaches, parents and spectators code of conduct before attending any test session hosted by SCOB. The code of conduct will be posted on our website scob.org

PLEASE CIRCLE DESIRED TEST(S)

Moves in the Field

Pre-Preliminary	\$40
Preliminary	\$45
Pre-Juvenile	\$55
Juvenile	\$65
Intermediate	\$75
Novice	\$75
Junior	\$85
Senior	\$85
Adult Pre-Bronze	\$40
Adult Bronze	\$45
Adult Silver	\$65
Adult Gold	\$75

Free Skating

Pre-Preliminary	\$30
Preliminary	\$30
Pre-Juvenile	\$40
Juvenile	\$50
Intermediate	\$55
Novice	\$60
Junior	\$65
Senior	\$65
Adult Pre-Bronze	\$30
Adult Bronze	\$30
Adult Silver	\$50
Adult Gold	\$55

Pairs

Preliminary	\$24
Juvenile	\$28
Intermediate	\$30
Novice	\$35
Junior	\$40
Senior	\$45

ADDITIONAL FEES

Hospitality Fee:	\$10 All testers must pay	\$10
Non-Member Fee:	\$50 All non-SCOB members must pay	_____
Late Fee:	\$25 If received after the deadline	_____
Total Costs of Tests:		\$ _____
Total Paid:		\$ _____

APPLICANT'S ACKNOWLEDGEMENT

I understand that the only way to reserve a test slot is to submit a test application with the appropriate fee. Test slots are assigned in the order in which applications are received. No refunds will be issued. Fee credits are given to skaters only if the test application is withdrawn ten (10) days prior to the scheduled test date. If the application is withdrawn, the skater must reapply for another test and meet that test application deadline. I have read and understand these test application rules. Parent must sign if skater is under 18.

Skater/Parent Signature: _____ Date: _____

If SCOB is not your home club, you must submit a permission slip.

Check Payable to:

Send Form & Check to:

SKATING CLUB OF BRIDGEWATER

Protec Ponds Ice Center

15 World's Fair Drive

Somerset, NJ 08873

Email: Testing@SCOB.org