

Kent Skating Club

Test Application

*KSC test chair must **receive** the test application 14 days prior to the test date.

Test Date: _____

Name of Skater: _____ USFS#: _____

Address: _____

City: _____ State: _____ Zip: _____ Home Club: _____

Phone: (____) _____ Email: _____

Coach's Name: _____ Signature: _____

Coach Email: _____

Skater's Signature (Parent/Guardian if under 18): _____

Dance Test Partner: _____

Circle desired test:

	Moves	Free Skate	Pairs	Free Dance	Fee
Pre-Preliminary	\$25	\$25	--	-----	\$ _____
Preliminary	\$25	\$25	--	-----	\$ _____
Pre-Juvenile	\$30	\$30	\$30	-----	\$ _____
Juvenile	\$35	\$35	\$35	\$35	\$ _____
Intermediate	\$40	\$40	\$40	\$40	\$ _____
Novice	\$45	\$45	\$45	\$45	\$ _____
Junior	\$50	\$50	\$50	\$50	\$ _____
Senior	\$55	\$55	\$55	\$55	\$ _____

* _____ check here for adult standard of Intermediate, Novice, Junior or Senior moves

Adult

Pre-Bronze	\$25	\$25			
Bronze	\$30	\$30			
Silver	\$40	\$40			
Gold	\$50	\$50			

Dance

Preliminary	DW	CT	RB		_____ x \$20 per dance	\$ _____
Pre-Bronze	SD	CC	FIT		_____ x \$22 per dance	\$ _____
Bronze	HH	WIW	TF		_____ x \$25 per dance	\$ _____
Pre-Silver	14S	EW	FT		_____ x \$25 per dance	\$ _____
Silver	AW	T	RF		_____ x \$35 per dance	\$ _____
Pre-Gold	K	BL	PD	SW	_____ x \$40 per dance	\$ _____
Gold	VW	WW	QS	AT	_____ x \$45 per dance	\$ _____
International	AUS CON GW MB RW SAM R TR YP FS				_____ x \$50 per dance	\$ _____

USFS out of club test permission form is received _____

Please return forms to: Kent SC Test Chair
Nicole Kappenhagen
2855 Graham Rd #1
Stow, Ohio 44224

Non-Home Club Fee (\$20) \$ _____
Late Fee \$15 \$ _____
Ice Fee charge per tester \$15
Total Amount Due: \$ _____

*Please make checks payable to the Kent SC

Email Nicky – nrksk8@netscape.net

Email Michael – mfortman@faronerealty.com

Please provide all requested information, forms and payment when submitting this application. No refunds after test application deadline.

