



US FIGURE SKATING TEST SESSION



Test Application

Pilgrim Skating Club (www.pilgrimskatingclub.com)
Hobomock Arenas, 103 Hobomock Street, Pembroke, MA

Deadline is 10 days prior to the test session date TEST DATE: _____

CANDIDATE'S NAME USFS # TELEPHONE #

CANDIDATE'S ADDRESS E-MAIL ADDRESS

TEST TO BE TAKEN LAST TEST FAILED (if applicable)

CANDIDATE'S SIGNATURE PARENT'S SIGNATURE (if under 18)

COACHES E-MAIL ADDRESS COACHES PHONE#

PERMISSION TO TEST

THIS IS TO CERTIFY THAT _____ IS A MEMBER IN GOOD STANDING OF THE
_____ SKATING CLUB FOR THE YEAR _____ AND HAS MY PERMISSION TO TEST.

TEST CHAIRPERSON'S SIGNATURE

**APPLICATION MUST BE SIGNED BY ALL PARTIES, COMPLETE AND INCLUDE CHECK
MADE OUT TO: PILGRIM SKATING CLUB**

Please return completed form with payment to test chairperson by the deadline, or mail to:
Pilgrim Skating Club, P.O. Box 668, Pembroke, MA 02359

TEST FEES

Member Fees: All Moves in the Field or Free Skating Tests: \$45

Non-Member Fees: All Moves in the Field or Free Skating Tests: \$55

Non-Member Hospitality Fee: \$15.00

Late Fee: \$10.00

TOTAL PAID \$ _____