



SSM Club Testing Application

Test Date June 24, 2012 (due 21 days before test)

Skaters Name _____ Address _____ City _____

State _____ Zip Code _____ Home Club _____

USFS# (REQUIRED) _____ Email _____

Parent Phone (home) _____ (work) _____ (cell) _____

Each test must be paid separately and accompany Test Registration Form. This application and fees must be postmarked twenty one (21) days before the test date. If a skater wishes to withdraw, they must do so 48 hours prior to start of test in order to receive a refund. There will be NO REFUND after the 48 hour mark prior to start of test. **This application is not valid unless signed and fees are attached.**

Check Appropriate Test Box	MOVES IN THE FIELD Test Level	Fee, Non-member		Check Appropriate Test Box	FREESTYLE Test (Note: Must pass Moves in the Field at given level first)	Fee, Non-member
	Pre-Preliminary	\$35			Pre-Preliminary	\$35
	Preliminary	\$40			Preliminary	\$40
	Pre-Juvenile	\$55			Pre-Juvenile	\$55
	Juvenile	\$55			Juvenile	\$55
	Intermediate	\$55			Intermediate	\$55
	Novice	\$55			Novice	\$55
	Junior	\$55			Junior	\$55
	Senior	\$60			Senior	\$60
	Adult Pre-Bronze	\$35			Adult Pre-Bronze	\$35
	Adult Bronze	\$40			Adult Bronze	\$40
	Adult Silver	\$45			Adult Silver	\$45
	Adult Gold	\$55			Adult Gold	\$55

- Checks payable to SSMFSC (Separate check for each test)
- Non-members must have a Permission form signed by their home club test chair.

Parent Name (Print) _____ Parent Signature _____

Coach's Name (Print) _____ Coach's Signature _____

Coach's Phone # _____ (cell) _____ E-mail _____

The SSMFSC will only recognize test applications for skaters who are current on their bills, both the day of the receipt of the application and on the actual test date.

Send test application and fees to: Diana G. Ronayne, Director of Figure Skating
Shattuck-St. Mary's School – PO Box 218
Faribault, MN 55021

Further Information and Questions: (507) 333-1563 or E-mail at dronayne@s-sm.org