



St. Lawrence Figure Skating Club Test Application
joint test session with Potsdam Figure Skating Club
April 27, 2019 / SUNY Canton Arena

Name:	Address:
Phone Number:	Email:
Home Club:	USFS#:

Please Circle Test Level, Type of Test and Fees

Test Level	Moves	Freestyle	Fee	Dance Level					Fee
Pre-Preliminary	moves	freestyle	\$27	Preliminary	DW	CT	RB		\$27
Preliminary	moves	freestyle	\$32	Pre-Bronze	SD	CC	FT		\$30
Pre-Juvenile	moves	freestyle	\$37	Bronze	HH	WW	TF		\$33
Juvenile	moves	freestyle	\$42	Pre-Silver	14S	EW	FT		\$36
Intermediate	moves	freestyle	\$47	Silver	AW	T	RF		\$39
Novice	moves	freestyle	\$52	Pre-Gold	K	BL	PD	SW	\$42
Junior	moves	freestyle	\$57	Gold	VW	WW	Q	AT	\$45
Senior	moves	freestyle	\$62	International	YP	RW	R	MB	\$48
Adult Pre-Bronze	moves	freestyle	\$22		GW	ChCh	F	RH	
Adult Bronze	moves	freestyle	\$27		SS	TR	AW		
Adult Silver	moves	freestyle	\$32						

Dance Partner Fees
Dance partner fees will need to be paid directly to the dance partner of choice

Total Test Fees	
Hospitality Fee	\$5.00
Late Fee (after 4/22/19)	+\$25.00
Total Due	
Total Paid	
Please make checks payable to: St. Lawrence Figure Skating Club Canadian Skaters: Exact U.S. funds only plus \$10.00 processing fee.	

The USFS and its member clubs conducting undertake no responsibility for damages or injuries suffered by the candidates. As a condition of and in consideration of the acceptance of their applications, all candidates and their parents and/or guardians shall be deemed to have agreed to assume all risks of injury to the candidates person and property resulting from, caused by or connected with the conduct and management of the tests, and release any and all claims which they may have against any official, the USFS, the club hosting the tests and against their officers, applications shall be accepted only on the foregoing conditions.

DEADLINE: All completed applications and full payment must be postmarked by April 22, 2019

Incomplete applications will be returned~~~~Test fees are non-refundable after schedule is made and posted.

Skater / Parent Signature:	Date:
Coach Signature:	Date:
Home Club Test Chair Signature:	Date:

Mail completed applications/payments to:
 Malinda Reed
 423 Irish Settlement Rd,
 Colton New York 13625

Questions: Malinda Reed
 (315) 262-6067
 maklog24@hotmail.com