

MOVES -FREESKATE TEST SESSION APPLICATION

Hosted by the Alexandria Figure Skating Club

TEST SESSION – SEPTEMBER 27, 2019

DEADLINE: MUST BE POSTMARKED BY SEPT 13, 2019

Skater's Name _____ USFS # _____
 Mailing Address _____ Phone # _____
 City _____ State _____ Zip _____
 Home Club _____
 Coach's Printed Name _____ Coach Signature _____
 Coach's Email (to email schedule) _____
****Only USFS Registered Coaches are allowed to participate and credentials will be checked!**
 Parent's Signature _____ Email _____
 (if skater is under 18 years of age) (print clearly)

Please complete this form. Return the form with your test fee to the address below. Make checks payable to the Alexandria Figure Skating Club (AFSC). There will be a **\$20 charge for any NSF checks**. Late applications will **ONLY** be accepted at the discretion of the test chairs with a **\$20 LATE FEE**. Please send a self-addressed, stamped envelope only if you do not have an email address for us to send confirmation of your test time. **FEES are per test, list all tests below. FEES WILL NOT BE RETURNED IF A TEST WAS CONTINGENT UPON PASSING ANOTHER TEST!** Do consider your tests carefully.

Moves in the Field	Freestyle	AFSC Member Fee	Non-Member Fee
PrePreliminary	PrePreliminary	\$45	\$65
Preliminary	Preliminary	\$45	\$65
PreJuvenile	PreJuvenile	\$50	\$70
Juvenile	Juvenile	\$55	\$75
Intermediate	Intermediate	\$60	\$80
Novice	Novice	\$65	\$85
Junior	Junior	\$70	\$90
Senior	Senior	\$75	\$95
Adult Pre Bronze	Adult Pre Bronze	\$60	\$80
Adult Bronze	Adult Bronze	\$65	\$85
Adult Silver	Adult Silver	\$70	\$90
Adult Gold	Adult Gold	\$75	\$95

LIST TEST TAKING _____ FEE _____
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 REGISTRATION FEE (incidentals – judging hospitality) (Must include) **\$10.00**
 30 MINUTE Practice Session the morning of the test session. **\$10**
 LATE FEE (if applicable – postmarked after Sept. 13, 2019) **\$20**
TOTAL FEES _____

CHECK/CASH ENCLOSED OR CREDIT CARD INFO: # _____ Exp Date _____ Code _____

PERMISSION TO TEST AUTHORIZATION

If you are a USFS member with a club other than the Alexandria Figure Skating Club, you must provide permission to test from your home club's duly authorized representative as stated in **TR 3.08 of the USFS rulebook** by completing the information below:

NAME: _____ USFS# _____
 Has permission to test with the Alexandria Figure Skating Club on September 27, 2019. The information on this form is correct and the member is in good standing of the _____ Club.
 SEND RESULTS TO OR N/A _____
 Signature of TEST CHAIR _____ TEST CHAIR USFS# _____
 Or Club Officer _____ OFFICER USFS # _____

Application not valid unless form is complete with USFS #'s, signed and fees are attached. Refunds will only be given with a physician's excuse within 48 hours before session. Cancellations due to weather will be handled on a case by case basis.

Mail to: Alexandria Figure Skating Club, P. O. Box 471, Alexandria, MN 56308
 Questions Kelly White, Singles Test Chair or Tessa Dutcher, Dance Test Chair
 Email/Phone kopacabana99@gmail.com 320-310-7204 tess0031@yahoo.com 320-460-0462