

CHAGRIN VALLEY FIGURE SKATING CLUB
TEST APPLICATION Revised 7/2011

Instructions:

1. Please complete the following application and submit it to Chagrin Valley Test Chairman no later than **10 days prior to the test date**. Applications are not valid unless signed.
2. Preference will be given to home club members in the test schedule.
3. Please arrive 30 minutes prior to your scheduled test time. A tentative schedule will be e-mailed to skater/& coach and posted at the rink 5 days prior to the test date.
4. Checks are to be made payable to CVFSC. There is a \$35 fee for returned checks. Checks and applications may be mailed to Amy Beegle, 2805 Blue Heron Dr, Hudson, OH 44236. For questions please call (330) 342-5516 or email beegs@windstream.net.

Test Date _____

Name _____ **USFSA#** _____

Address _____ **City/State/Zip** _____

Phone # _____ **Email** _____

Home Club _____

Please Note: If CVFSC is not your home club, please complete the following:
 Home Club Test Chair/Officer Name/Signature approving eligibility:

 Name/Title Signature

Skaters must wait a minimum of twenty-seven (27) days before re-trying any test.

Please Circle Desired Test	FREESTYLE	MOVES	FEE
Pre-Preliminary	\$20	\$20	_____
Preliminary	\$20	\$20	_____
Pre-Juvenile	\$25	\$35	_____
Juvenile	\$25	\$30	_____
Intermediate	\$30	\$40	_____
Novice	\$35	\$45	_____
Junior	\$40	\$40	_____
Senior	\$45	\$50	_____
Adult Pre-Bronze	\$20	\$20	_____
Bronze	\$25	\$35	_____
Silver	\$35	\$45	_____
Gold	\$40	\$50	_____
Ice/ Hospitality Fee		+	\$15.00
Total Enclosed			_____

Skaters Signature (Parent if under 18) _____

By signing this form, I hereby release the Chagrin Valley Figure Skating Club, and any of its officers and Board Members from any responsibility in the event of loss or injury during any skating session or other Club sponsored event.

Coach's Signature _____

Coach's E-mail/Phone _____

