



KENT SKATING CLUB TEST APPLICATION

Test Date _____ APPLICATION DUE 14 Days prior to test date.
 Name: _____ USFS #: _____
 Address: _____ Phone #: _____
 City: _____ State: _____ Zip: _____
 E-Mail: _____ Home Club: _____

By signing this form, I hereby release the Kent Skating Club, 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.

Skating Pro Signature: _____ Email: _____
 Skater Signature (Parent if under 18): _____
 Dance Test Partner: _____

CIRCLE DESIRED TESTS

	FREESTYLE	MOVES	PAIRS	FREE DANCE	FEE
Pre-Preliminary	\$17	\$17	X	X	_____
Preliminary	\$20	\$20	\$20	X	_____
Pre-Juvenile	\$22	\$22	X	X	_____
Juvenile	\$27	\$27	\$27	\$20	_____
Intermediate	\$29	\$29	\$29	\$29	_____
Novice	\$32	\$32	\$32	\$32	_____
Junior	\$37	\$37	\$37	\$37	_____
Senior	\$42	\$42	\$42	\$42	_____
Adult	FREESTYLE	MOVES			
Pre-Bronze	\$20	\$20			_____
Bronze	\$27	\$27			_____
Silver	\$32	\$32			_____
Gold	\$42	\$42			_____
Dance - Please Circle		No. of Dances	Fee		
Preliminary - DW, CT, RB		_____	x \$14		_____
Pre-Bronze - SD, CC, FIT		_____	x \$17		_____
Bronze - HH, WIW, TF		_____	x \$20		_____
Pre-Silver - 14S, EW, FT		_____	x \$25		_____
Silver - AW, T, RF		_____	x \$30		_____
Pre-Gold - K, BL, PD, SW		_____	x \$32		_____
Gold - VW, WW, QS, AT		_____	x \$42		_____
Jr. & Sr. International		_____	x \$42		_____

Non-Home Club Fee (\$20): _____

Out of Club Permission Form Received: _____

Late Fee \$10 (If Applicable): _____

Ice Fee per tester: \$10.00

Total Due for this Session: _____

Make Check Payable to: Kent Skating Club

NO form will be considered accepted unless ALL information is complete, all required signatures are present, and payment is included. NO EXCEPTIONS.

There will be no refunds after test deadline which is 14 days prior to test session.

Return to: Kent Skating Club Test Chair, Meg Faust, 5750 Nicholson Dr, Hudson, Ohio 44236 or in the Test Chair File in KSC Officers' Box under the Skate Rental Desk at KSU Ice Arena.

Address any questions to test chair, Meg Faust, at 330-342-7922 or e-mail at:

mfaust@ralaw.com