



Kent Skating Club

Test Session Application

★KSC must receive application **14 days** prior to test date.

★Post mail accordingly for delivery min 14 days before test.

Test Date: M: _____ D: _____ Y: _____
 Name: _____ USFS #: _____
 Address: _____ Phone: _____
 City: _____ State: _____ Zip: _____
 Email: _____ 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.

Professional's Signature (Coach's Signature): _____

Professional's Email: _____

Skater's Signature: _____

[Parent's/Guardian's Signature if under 18]

Dance Test Partner: _____

Circle Desired Tests					
SKATING	Free Skate	Moves	Pair	Free Dance	Fee
Pre-Preliminary	\$17	\$17	N/A	N/A	
Preliminary	\$20	\$20	N/A	N/A	
Pre-Juvenile	\$22	\$22	\$20	N/A	
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	Free Skate	Moves			Fee
Pre-Bronze	\$20	\$20			
Bronze	\$27	\$27			
Silver	\$32	\$32			
Gold	\$42	\$42			

Circle Dances, Multiply # of Dances in Row by Cost												
DANCE	Computer Codes for Dance Tests					# X Cost	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						
International	AUS	CON	GW	MB	RW	R	SAM	TR	YP	FS	___ X \$42	

USFS Out of Club Permission Form Received: _____ Non-Home Club Fee (\$20): \$ _____

Return Forms To: **Kent Skating Club Test Chair** Late Fee \$10 (If Applicable): \$ _____

% Meg Faust Ice fee charge per tester: \$10.00

5750 Nicholson Dr. **Total amount due:** \$ _____

Hudson, Ohio 44236 Make check payable to: **Kent Skating Club**

Test Chair contacts (Nicky Kappenhagen & Meg Faust): Email: testchair@kentskatingclub.net Ph: 330-342-7922

Provide **all** requested information — *signatures are required* — and enclose payment with application submission for processing consideration. NO EXCEPTIONS. No refunds granted after test application due date.