

Babson Skating Club Test Application

TEST DATE: _____ USFSA# _____

NAME: _____ TEL.# _____

EMAIL ADDRESS: _____

ADDRESS: _____

HOME CLUB: _____

Member of Babson Skating Club: ____ yes ____ no

Test(s) To Be Taken _____

(A test marked "retry" shall not be retaken prior to the 27th day following the date of the original test.)

Professional's Signature: _____

Candidate's Signature: _____

(Parent's signature required if candidate is under 18)

NON-MEMBER PERMISSION TO TEST

This is to certify that _____ is a
member in good standing of

Candidate's Club

For the season 200__-200__, and has permission to test
at the above date.

Signature of Club Officer or Test Chair

Please send complete application with check made out to Babson
Skating Club to:
Lisa Melnick, 24 Buckskin Drive, Weston MA 02493

Questions? Please email:
badente@comcast.net

TESTS AND FEES

Please Circle Tests To Be Taken

	Club Member	Non- Member
<u>Moves in the Field</u>		
Pre-Preliminary	30	45
Preliminary	30	45
Pre-Juvenile	35	50
Juvenile	35	50
Intermediate	40	55
Novice	40	55
Junior	45	60
Senior	50	65
Adult Pre-Bronze	45	60
Adult Bronze	45	60
Adult Silver	50	65
Adult Gold	55	70

<u>Freestyle</u>		
Pre-Preliminary	30	45
Preliminary	30	45
Pre-Juvenile	35	50
Juvenile	35	50
Intermediate	40	55
Novice	40	55
Junior	45	60
Senior	50	65
Adult Pre-Bronze	40	55
Adult Bronze	40	55
Adult Silver	45	60
Adult Gold	50	65

<u>Pairs</u>		
Preliminary	30	50
Juvenile	35	55
Intermediate	40	60
Novice	40	60
Junior	45	65
Senior/Gold	50	70

Total Fees for Tests: _____

Hospitality Fee: \$15 \$15

Late Fee *(if fewer than 10 days
prior to test):* \$10 \$10

Total Amount Enclosed: _____

REVISED 9/20/08