



# US FIGURE SKATING TEST SESSION

Test Application  
Sponsored by the Pilgrim Skating Club  
At Hobomock Arena  
Pembroke, MA

**Test Date:** \_\_\_\_\_ **Deadline:** \_\_\_\_\_

CANDIDATE'S NAME \_\_\_\_\_ USFS # \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

CANDIDATE'S ADDRESS \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

TEST TO BE TAKEN \_\_\_\_\_ TEST FEE \_\_\_\_\_ LAST TEST FAILED, if applicable \_\_\_\_\_

CANDIDATE'S SIGNATURE \_\_\_\_\_ PARENT'S SIGNATURE \_\_\_\_\_ COACHES SIGNATURE \_\_\_\_\_

PARTNER'S NAME, IF APPLICABLE \_\_\_\_\_ USFS# \_\_\_\_\_ TEST PASSED \_\_\_\_\_ PHONE \_\_\_\_\_

PROGRAM CRITIQUE (Y or N) ? \_\_\_\_\_ LEVEL \_\_\_\_\_ FEE - \$20 \_\_\_\_\_

## PERMISSION TO TEST

THIS IS TO CERTIFY THAT \_\_\_\_\_ IS A MEMBER IN GOOD STANDING OF THE  
\_\_\_\_\_ SKATING CLUB FOR THE YEAR \_\_\_\_\_ AND HAS MY PERMISSION TO TEST.

\_\_\_\_\_  
TEST CHAIRPERSON'S SIGNATURE

**APPLICATION MUST BE SIGNED BY ALL PARTIES, COMPLETE AND INCLUDE CHECK  
MADE OUT TO PSC TO BE ACCEPTED.**

**Please return completed form with payment to test chairperson by the deadline, or mail to:  
Pilgrim Skating Club, P.O. Box 668, Pembroke, MA 02359**

**NEW! OPTIONAL PROGRAM CRITIQUE: \$20**

### TEST FEES

**Member Fees:**

All Moves in the Field or Free Skating Tests: \$40 first test, \$30 for each additional test

**Non-Member Fees:**

All Moves in the Field or Free Skating Tests: \$50 first test, \$40 for each additional test

Note: Fee includes 1/2 hour practice ice prior to start of the test and hospitality fee.