SKATING CLUB OF SOUTHERN CONNECTICUT
TEST APPLICATION 2012

TEST RINK: ☐ DARIEN ICE RINK ☐ TERRY CONNERS ICE RINK

TEST DATE: _____

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APPLICATIONS MUST BE POSTMARKED TWO WEEKS PRIOR TO TEST DATE

Applications received after deadline date will be subject, if accepted, to a $30.00 late fee.

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Name: _____ USFS #: _____

Address: _____ City: _____ State: _____ Zip:_____

Telephone: day _____ evening _____ e-mail: _____

Home Club: _____ Coach's Name: _____ Coach's Signature: _____

Signature of Applicant: _____ **If applicant is a minor, a parent/guardian must sign.**

Signature of Parent/Guardian: _____

SCSC Member: Full _____ Associate _____ Guest_____

Place a check next to each test you plan to take.

MOVES IN THE FIELD TESTS		**FREESTYLE TESTS**		**ADULT MOVES**		**ADULT FREESTYLE**	
____**Pre-Preliminary**	**$45**	____**Pre-Preliminary**	**$35**	____**Pre-Bronze**	**$50**	____**Pre-Bronze**	**$40**
____**Preliminary**	**$45**	____**Preliminary**	**$35**	____**Bronze**	**$55**	____**Bronze**	**$40**
____**Pre-Juvenile**	**$50**	____**Pre-Juvenile**	**$35**	____**Silver**	**$60**	____**Silver**	**$50**
____**Juvenile**	**$55**	____**Juvenile**	**$40**	____**Gold**	**$65**	____**Gold**	**$50**
____**Intermediate**	**$65**	____**Intermediate**	**$45**				
____**Novice**	**$70**	____**Novice**	**$50**				
____**Junior**	**$70**	____**Junior**	**$55**				
____**Senior**	**$70**	____**Senior**	**$60**				

Test Fees _____

Ice Fee (required for all skaters) $20

Associate Member Fee ($10) _____

Guest Fee ($40) _____

Late Fee ($30) _____

Total Enclosed _____

Note: Associate member, guest and late fee charges are per test session (not per test).

Checks payable: SCSC

No skater will be put on test schedule until payment and application have been received.

Mail to: Kari Ryan, 2 Red Mill Lane, Darien, CT 06820

***Please note test fees are non-refundable. Applications will only be accepted by mail and prioritized according to postmark. If session is over subscribed, priority will be given as follows: SCSC Members, SCSC Associate Members, Guests.

Questions? Contact Kari Ryan, kari.ryan@skatescsc.com, 203-655-0805.

Permission to test: If you are not a Home Club Member of SCSC, you must obtain permission to test from your Home Club.

Name: _____is a member in good standing with (Club) _____.

Signature of Test Chair or Home Club Officer: _____ Date: _____

Title: _____