



USFS Test Application

Sponsored by the Lower Cape FSA

at Charles Moore Arena

23 O'Connor Way

Orleans, MA 02653

Application must be completely filled out. Checks made payable to: LCFSA

TEST DATE: _____ DEADLINE: Fourteen days prior to test date

Skaters Name: _____ USFS#: _____

Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

Last test passed & Date: _____ Last test failed & Date: _____

Skater's Signature: _____ Parent's Signature: _____

Coach's Signature: _____ USFS#: _____ (Coach must be registered with USFS)

Coach Email: _____ Coach Phone: _____

PERMISSION TO TEST:

This is to certify that _____ is a member in good standing of (home club) _____ for the year of _____ and has permission to test.

Test Chair's Signature: _____ Test Chair's Email: _____

Please CIRCLE all tests to be taken.

Field Moves:

Pre-Preliminary \$45
Preliminary \$45
Pre-Juvenile \$50
Juvenile \$50
Intermediate \$55
Novice \$55
Junior \$60
Senior \$60

Adult:

Pre-Bronze \$45
Bronze \$45
Silver \$55
Gold \$55

Free Skating:

Pre-Preliminary \$35
Preliminary \$40
Pre-Juvenile \$40
Juvenile \$40
Intermediate \$45
Novice \$45
Junior \$50
Senior \$50

Adult:

Pre-Bronze \$35
Bronze \$40
Silver \$45
Gold \$45

All NON LCFSA Club Members must include a \$10 hospitality fee.

Test fees must accompany application. No refunds will be granted.

Test applications will be accepted in the order they are received.

Please return test application and payment to:

**Lower Cape FSA
PO Box 1197
East Orleans, MA 02643**