

**US FIGURE SKATING
TEST SESSION**
Test Application



Sponsored by the Nantucket Skating Club
At CNB Nantucket Ice Community Rink
1 Backus Lane
Nantucket, MA

Test Date: _____ **Deadline for registration:** _____

CANDIDATE'S NAME USFSA #

CANDIDATE'S ADDRESS

TELEPHONE # EMAIL ADDRESS

TEST TO BE TAKEN TEST FEE LAST TEST PASSED/RETRY if applicable

CANDIDATE'S SIGNATURE PARENT'S SIGNATURE COACH'S SIGNATURE

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

TO BE ACCEPTED, APPLICATION MUST BE COMPLETELY FILLED OUT, SIGNED BY ALL PARTIES, AND INCLUDE
CHECK MADE OUT TO NANTUCKET SKATING CLUB

Please return completed form with payment to test chairperson by the deadline, or mail to:
Nantucket Skating Club PO Box 3155, Nantucket, MA 02584

TEST FEES

Member Fees:

All Moves in the Field or Free Skating Tests: \$60 First test, \$40 for each additional test.

Non-Member Fees:

All Moves in the Field or Free Skating Tests: \$80 First test, \$60 for each additional test.