



Arrowhead Figure Skating Club

Test Request Form

Name		Home Club	
Date of Test Session		Date of request	
USFSA#		Phone Number	
Coach		Partner (for pair and dance tests)	

Test fees and this form are due to the Test Chairman no less than 2 weeks prior to the test session requested. Fees are non-refundable (except with medical excuse). Please make check payable to the **Arrowhead Figure Skating Club**. Fees are \$10 per test plus \$20 ice fee per session (no ice fee for home club members). ***New beginning June 2009: Home club members who pass their test(s) will have all fees refunded.***

All skaters will be requested to donate towards Judges Hospitality at any test session they participate in.

Non-Home-Club members will require a letter of permission from their home club.

Singles	Moves in the Field	Free Skate	Pairs (each candidate)	Total (\$10 per test)
Pre-Preliminary	<input type="checkbox"/>	<input type="checkbox"/>		_____
Preliminary	<input type="checkbox"/>	<input type="checkbox"/>		_____
Pre-Juvenile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Juvenile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Intermediate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Novice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Junior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Senior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<u>Adult Tests</u>				
Pre-Bronze	<input type="checkbox"/>	<input type="checkbox"/>		_____
Bronze	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Silver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Gold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<u>Dance Tests</u>				
Per Dance	<input type="checkbox"/>	List dances _____		_____
<u>Ice Fee</u>	Per test session	\$20.00	<input type="checkbox"/> <i>Free to home club members</i>	_____
<u>Non-Member Fee</u>	Per test session	\$25.00	<input type="checkbox"/>	_____
TOTAL				_____

Signature of Skater: _____

Signature of Coach: _____ U.S. Figure Skating # _____
 My student is qualified to take the test(s) requested and has a reasonable chance of passing. 7/10/09