



# 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"/>                                  | _____                 |
| <b><u>Adult Tests</u></b>    |                          |                          |   |                       |
| 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"/>                                  | _____                 |
| <b><u>Dance Tests</u></b>    |                          |                          |   |                       |
| Per Dance                    | <input type="checkbox"/> | List dances _____        |   | _____                 |
| <b><u>Ice Fee</u></b>        | Per test session         | \$20.00                  | <input type="checkbox"/> <i>Free to home club members</i> | _____                 |
| <b><u>Non-Member Fee</u></b> | Per test session         | \$25.00                  | <input type="checkbox"/>                                  | _____                 |
| <b>TOTAL</b>                 |                          |                          |   | _____                 |

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