

**ARCTIC EDGE MOVES/RECREATE TEST APPLICATION**

Name: \_\_\_\_\_ USFS#: \_\_\_\_\_ Age: \_\_\_\_\_ Test Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Home Club: \_\_\_\_\_

If Pairs Test, partner's name: \_\_\_\_\_ USFS#: \_\_\_\_\_

For Novice and above, fill out the following for school recognition;

Name of School: \_\_\_\_\_ Principal's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Circle or highlight the test(s) you want to take:

<b><u>MOVES IN THE FIELD</u></b>		<b><u>FREESKATE</u></b>		<b><u>PAIRS PER SKATER</u></b>		<b><u>ADULT MOVES, FS OR PAIRS</u></b>	
Pre-Preliminary	\$20	Pre-Preliminary	\$15	Preliminary	\$15	Pre-Bonze	\$20
Preliminary	\$25	Preliminary	\$20	Juvenile	\$20	Bronze	\$25
Pre-Juvenile	\$30	Pre-Juvenile	\$20	Intermediate	\$25	Silver	\$35
Juvenile	\$35	Juvenile	\$25	Novice	\$35	Gold	\$40
Intermediate	\$45	Intermediate	\$30	Junior	\$50		
Novice	\$50	Novice	\$35	Senior	\$60		
Junior	\$55	Junior	\$45				
Senior	\$65	Senior	\$50				

**PAYMENT:**

Test #1 Description: \_\_\_\_\_ \$ \_\_\_\_\_

Test #2 Description: \_\_\_\_\_ \$ \_\_\_\_\_

Test #3 Description: \_\_\_\_\_ \$ \_\_\_\_\_

Out of Club Fee - \$20 (SA of Plymouth, Westland FSC & SC of Novi members are exempt) \$ \_\_\_\_\_

Judge's Expense (required by all skaters) \$10.00 \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

Skater/Parent Signature (Parent if skater is under 18) \_\_\_\_\_

Coach's Signature \_\_\_\_\_

<p><b><u>CERTIFICATION OF OUT OF CLUB APPLICANT:</u></b> The applicant named above is a member in good standing with the Home Club listed above and is eligible to take the USFS test(s) applied for :</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Home Club Test Chair Signature</p>
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**ARE YOU WILLING TO VOLUNTEER AT THIS TEST SESSION?      YES      NO**

**All applications are due 14 days prior to test date.** Submit check/money order made payable to "AFSC" (CASH NOT ACCEPTED) and completed application to Arctic Edge Arena, 46615 Michigan Ave., Canton, MI 48188, Attn: Test Chair. If you have any questions, contact the test chair, Magan Flynn @ 248-924-3035 or [maganflynn@comcast.net](mailto:maganflynn@comcast.net).

**NO LATE APPLICATIONS ACCEPTED      NO REFUNDS**  
**DATE RECEIVED:** \_\_\_\_\_

**CHECK NO.** \_\_\_\_\_