

**USFSA TEST SESSION
CHARLES MOORE ARENA
Sponsored by The Lower Cape Figure Skating Association
Test application 2007-2008**

Sponsoring Club: LCFSA

SKATERS NAME USFSA # Test to be taken

STREET ADDRESS LAST TEST FAILED DATE

CITY STATE ZIP LAST TEST PASSED DATE

TELEPHONE NUMBER with area code total test fee + hospitality if non club

SKATERS SIGNATURE PARENTS SIGNATURE PROFESSIONAL SIGNATURE

PERMISSION TO TEST

This is to certify that _____ is a member in good standing
 Of _____ for the period _____ and has my permission to test on the
 (Home Club Designation) (indicate membership)
 Above date _____
 (Test chairperson signature)

***** ** Moves in ** the Field ** *****	***** ** LCFSA ** members ** *****	***** ** Non ** Club ** *****	***** ** Adult Moves ** in the Field ** *****	***** ** LCFSA ** Members ** *****	***** ** Non ** Club ** *****	***** ** Free skating ** *****	***** ** LCFSA ** Members ** *****	***** ** Non ** Club ** *****	***** ** Adult Free ** Skating ** *****	***** ** LCFSA ** Member ** *****	***** ** Non ** Club ** *****
** Pre- ** preliminary ** *****	** \$35 ** *****	** \$40 ** *****	** Pre-Bronze ** *****	** \$35 ** *****	** \$40 ** *****	** Pre- ** preliminary ** *****	** \$25 ** *****	** \$30 ** *****	** Pre-Bronze ** *****	** \$30 ** *****	** \$35 ** *****
** preliminary ** *****	** \$35 ** *****	** \$40 ** *****	** Bronze ** *****	** \$40 ** *****	** \$45 ** *****	** Preliminary ** *****	** \$30 ** *****	** \$35 ** *****	** Bronze ** *****	** \$35 ** *****	** \$40 ** *****
** Pre- ** juvenile ** *****	** \$40 ** *****	** \$45 ** *****	** Silver ** *****	** \$45 ** *****	** \$50 ** *****	** Pre- ** Juvenile ** *****	** \$30 ** *****	** \$35 ** *****	** Silver ** *****	** \$40 ** *****	** \$45 ** *****
** Juvenile ** *****	** \$45 ** *****	** \$50 ** *****	** Gold ** *****	** \$50 ** *****	** \$55 ** *****	** Juvenile ** *****	** \$35 ** *****	** \$40 ** *****	** Gold ** *****	** \$45 ** *****	** \$50 ** *****
** intermediate ** *****	** \$50 ** *****	** \$55 ** *****	*****	*****	*****	** Intermediate ** *****	** \$40 ** *****	** \$45 ** *****	*****	*****	*****
** Novice ** *****	** \$55 ** *****	** \$60 ** *****	*****	*****	*****	** Novice ** *****	** \$45 ** *****	** \$50 ** *****	*****	*****	*****
** Junior ** *****	** \$60 ** *****	** \$65 ** *****	*****	*****	*****	** Junior ** *****	** \$50 ** *****	** \$55 ** *****	*****	*****	*****
** Senior ** *****	** \$65 ** *****	** \$70 ** *****	*****	*****	*****	** Senior ** *****	** \$55 ** *****	** \$60 ** *****	*****	*****	*****

****There is a \$15 hospitality fee for all non55club members**

** Test fees MUST accompany application. If applicant withdraws from test session, no refund will be granted. Make checks payable to the LCFSA and return form to:

LCFSA
c/o Chris O'Riordan
P.O. Box 1197
E. Orleans, MA 02643

Questions call Chris O'Riordan @ 508-896-5124