		USF	S Test	Application	
Lower Cape Figure Skating		Sponsored by the Lower Cape FSA at Charles Moore Arena 23 O'Connor Way Orleans, MA 02653			
SKATIN	C Applic	Application must be completely filled out. Checks made payable to: LCFSA			
SNAIIII	TEST DA			ADLINE: Fourteen days prior to test date	
Skaters Name:				USFS#:	
Address:				City/State/Zip:	
Phone:		Email:			
Last test passed & Date:	Last test failed & Date:			& Date:	
Skater's Signature:	Parent's Signature:			ture:	
Coach's Signature:			USFS#:	(Coach <u>must</u> be registered with USFS)	
Coach Email:				Coach Phone:	
		PERMISSI	ON TO TEST	:	
This is to certify that				is a member in good standing of (home	
				and has permission to test.	
Test Chair's Signature:Test Chair's Email:					
Please CIRCLE all tests to be taken. All NON LCFSA Club Members must					
_			include a \$10 hospitality fee.		
Field Moves:		Free Skating:		Test fees must accompany	
Pre-Preliminary	/ \$45	Pre-Preliminary	y \$35	application. No refunds will be	
Preliminary	\$45	Preliminary	\$40	granted.	
Pre-Juvenile	\$50	Pre-Juvenile	\$40	Test applications will be accepted in	
Juvenile	\$50 ¢55	Juvenile	\$40 \$45	the order they are received.	
Intermediate Novice	\$55 \$55	Intermediate Novice	\$45 \$45		
Junior	\$55 \$60	Junior	\$45 \$50		
Senior	\$60 \$60	Senior	\$50 \$50	Please return test application and	
Adult:	çõõ	Adult:	<b>7</b> 50	payment to:	
Pre-Bronze	\$45	Pre-Bronze	\$35		
Bronze	\$45	Bronze	\$40	Lower Cape FSA	
Silver	\$55	Silver	\$45	PO Box 1197	
Gold	\$55	Gold	\$45	East Orleans, MA 02643	