



Maplewood Figure Skating Club Test Application

Test Date/Location: _____ Home Club: _____

Skater Name: _____ USFS #: _____

Address: _____ Email: _____

Signature of Skater: _____ Phone: _____
(Parent or guardian if skater is under 18)

Signature of Pro: _____ Phone: _____

You should plan to arrive at the arena at least 45 minutes before your scheduled test

Moves in the Field Tests			Freeskate Tests		
Test	Member	Non-member	Test	Member	Non-member
Pre Preliminary Moves	\$ 25	\$ 40	Pre Preliminary Free	\$ 25	\$ 40
Preliminary Moves	\$ 30	\$ 45	Preliminary Freeskate	\$ 30	\$ 45
Pre Juvenile Moves	\$ 35	\$ 50	Pre Juvenile Freeskate	\$ 35	\$ 50
Juvenile Moves	\$ 40	\$ 55	Juvenile Freeskate	\$ 40	\$ 55
Intermediate Moves	\$ 45	\$ 60	Intermediate Freeskate	\$ 45	\$ 60
Novice Moves	\$ 50	\$ 65	Novice Freeskate	\$ 50	\$ 67
Junior Moves	\$ 55	\$ 70	Junior Freeskate	\$ 55	\$ 70
Senior Moves	\$ 65	\$ 80	Senior Freeskate	\$ 65	\$ 80
Adult Pre Bronze Moves	\$ 30	\$ 50	Adult Pre Bronze Free	\$ 35	\$ 50
Adult Bronze Moves	\$ 40	\$ 55	Adult Bronze Free	\$ 40	\$ 55
Adult Silver Moves	\$ 45	\$ 60	Adult Silver Freeskate	\$ 45	\$ 60
Adult Gold Moves	\$ 55	\$ 70	Adult Gold Freeskate	\$ 55	\$ 70

Non-members, please add a onetime \$5 judges fee. Total amount: \$ _____ Check #: _____

Withdrawal after application due date: HALF of test fee refunded up to 48 hours prior to start of test. NO REFUND if skater withdraws after 48 hours before the start of the test. Candidates who must withdraw from a Free Skating test because the Moves in the Field test was marked "Retry" will receive a full refund of their Free Skating test fee.

Applications, Fees and Permission to Test Forms need to be postmarked 2 weeks before the scheduled Test Session date.

Please include a stamped self addressed envelope if you prefer a mailed copy of the test schedule, otherwise all schedules will be sent via email.

Make checks out to Maplewood Figure Skating Club (MFSC)

Submit all forms and test session payments made to MFSC at least 2 weeks before the scheduled test date to:

Maplewood FSC
c/o Kelly Renstrom
622 Fox Road
Lino Lakes, MN 55014

Phone: 651-415-2871 Email: rkrenstrom@msn.com



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PERMISSION TO TEST

This letter certifies that _____ USFS#: _____
Skater's Name

is a member in good standing of the _____ Figure Skating Club.

This permission is for the following U.S. Figure Skating sanctioned event to be hosted by the Maplewood Figure Skating Club:

Test Session: _____ Moves in the field
_____ Free skating
_____ Dance

Results will be sent to test chair listed below.

Test Chair: _____

Address: _____

Signature of Test Chair or Club Officer: _____ Date: _____

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c/o Kelly Renstrom
622 Fox Road
Lino Lakes, MN 55014
Phone: 651-415-2871 Email: rkrenstrom@msn.com