

CAPE ANN FIGURE SKATING CLUB TEST APPLICATION

Test Date _____

Name: _____

Date of Birth: _____

Address: _____

Telephone: _____

City: _____

State: _____ Zip: _____

E-mail address: _____

Testing for level(s): _____

Test fee: \$ _____

I.S.I. # _____

Test Fees:

	Member Rates
Pre-Alpha	FREE (\$5. for badge)
Alpha through Delta	\$15.00
Freestyle 1-6	\$20.00
Bronze, Silver, Gold	\$20.00
Freestyle 7-10	See separate ISI application on CAFSC's website.

Coaches' Signature _____

Parent Signature _____

Skater's Signature _____

* Test fee must accompany application to be accepted. Make checks payable to CAPE ANN FIGURE SKATING CLUB or C.A.F.S.C.

* Return the application to the club test chairperson.

* All applications must be signed by a parent and a skating coach.

* CAFSC reserves the right to cancel a test date if there are not enough applicants.

GOOD LUCK!!