



Babson Skating Club Test Application

TEST DATE: _____ USFSA# _____

NAME: _____ TEL.# _____

EMAIL ADDRESS: _____

ADDRESS: _____

HOME CLUB: _____

Member of Babson Skating Club: ____ yes ____ no

Test(s) To Be Taken _____

(A test marked "retry" shall not be retaken prior to the 27th day following the date of the original test.)

Professional's Signature: _____

Candidate's Signature: _____

(Parent's signature required if candidate is under 18)

NON-MEMBER PERMISSION TO TEST

This is to certify that _____ is a member in good standing of

Candidate's Club

For the season 200__-200__, and has permission to test at the above date.

Signature of Club Officer or Test Chair

Please send complete application with check made out to Babson Skating Club to: Melinda Harrison, 362 Cartwright Rd., Wellesley MA 02482

Questions? Please email: badente@comcast.net

TESTS AND FEES

Please Circle Tests To Be Taken

	Club Member	Non-Member
<i>Moves in the Field</i>		
Pre-Preliminary	40	50
Preliminary	40	50
Pre-Juvenile	45	55
Juvenile	45	55
Intermediate	50	60
Novice	50	60
Junior	55	65
Senior	60	70
Adult Pre-Bronze	55	65
Adult Bronze	55	65
Adult Silver	60	70
Adult Gold	65	75
<i>Freestyle</i>		
Pre-Preliminary	40	50
Preliminary	40	50
Pre-Juvenile	45	55
Juvenile	45	55
Intermediate	50	60
Novice	50	60
Junior	55	65
Senior	60	70
Adult Pre-Bronze	45	55
Adult Bronze	45	55
Adult Silver	50	60
Adult Gold	55	65
<i>Pairs</i>		
Preliminary	45	55
Juvenile	50	60
Intermediate	55	65
Novice	55	65
Junior	60	70
Senior/Gold	65	75

Total Fees for Tests: _____

Hospitality Fee: \$15 \$20

Late Fee *(if fewer than 10 days prior to test)*: \$10 \$15

Total Amount Enclosed: _____

REVISED 10/09