



The Skating Club of Boston[®]

Test Application

Applications must be completed IN FULL or will not be processed

Skater & Test Information

Test Date: _____ Skater's Name: _____ Skater's Email: _____

Phone #: _____ Home Club: _____ U.S. Figure Skating #: _____

Test(s) Being Taken: _____ Partner's Name (if applicable): _____

Parent/Guardian or Adult Skater's Signature: _____

In-Good-Standing Signature of Home Club Official: _____

Coach's Information

Coach's Name: _____ U.S. Figure Skating #: _____ PSA #: _____

Coach's Email: _____ Coach's Signature: _____

Required Documents: Liability Insurance _____ Coach Compliance Card _____

All required documents must be on file with the Club prior to the test date

Please Circle Requested Tests:

Moves in the Field

Fee for all MIF Tests \$35

Free Skate

Pre-Preliminary \$20

Preliminary \$25

Pre-Juvenile \$30

Juvenile \$35

Intermediate \$40

Novice \$45

Junior \$50

Senior \$55

Adult Free Skate

Pre-Bronze \$20

Bronze \$25

Silver \$30

Gold \$35

Pairs Free Skate

Juvenile \$25

Intermediate \$30

Novice \$35

Junior \$40

Senior \$45

Free Dance

Juvenile \$20

Intermediate \$20

Novice \$20

Junior \$35

Senior \$40

Pattern Dance

Preliminary \$20 (Add. Dance \$10/ea)

DW CT RB

Pre-Bronze \$20 (Add. Dance \$10/ea)

SD CC FIT

Bronze \$20 (Add. Dance \$10/ea)

HH WIW TF

Pre-Silver \$30 (Add. Dance \$15/ea)

14S EW FT

Silver \$30 (Add. Dance \$15/ea)

AW T RF

Pre-Gold \$35 (Add. Dance \$15/ea)

K BL PD SW

Gold \$40 (Add. Dance \$20/ea)

VW WW QS AT

International \$40 (Add. Dance \$20/ea)

R AUS CON YP RW TR

SAM FS GW MD TTF

Additional Information

Adult 21+ _____

Adult 50+ _____

Partnered Dance _____

Solo Dance _____

Required Fees

Test Fees: MIF \$ _____ FS/Pairs \$ _____ Dance \$ _____

Hospitality Fee: \$15

*Non-Member Fee: \$20

**Late Fee: \$25

Total Due: \$ _____

There are no refunds once the schedule has been posted or are at the discretion of the Test Chair.

** Applies to all skaters who are not full members of The Skating Club of Boston*

*** Applies to any tests accepted after the deadline of a given test (14 days prior to the applicable test date)*

