

Contact the Club Test Chair re: Deadline for Submission of Application

TEST APPLICATION

NAME OF APPLICANT: _____

SKATE CANADA NUMBER (10 digits): _____

HOME CLUB OF SKATER: Maple Ridge Skating Club (#1000048)

DATE OF BIRTH: Month _____ Day _____ Year _____

SKATER'S PHONE# _____ E-MAIL: _____

COACH'S NAME: _____ COACH'S PHONE # _____

AUTHORITY TO TAKE TEST: _____

----- Name / Signature -----

TEST APPLIED FOR: COMPLETE A SEPARATE FORM FOR EACH CATEGORY

FREESKATE: _____ Part 1:Elements _____ Part 2:Program _____

SKILLS: _____

INTERPRETIVE: _____ Single _____ Couple _____

INTERPRETIVE TITLE (max. 70 characters) _____

DANCE(S) _____ PARTNER _____

Please indicate if skater is 25 years of age or older: YES _____ NO _____

COMPETITIVE SINGLES LEVEL: _____

COMPETITIVE PAIRS LEVEL: _____

COMPETITIVE DANCE LEVEL: _____

SKATE CANADA TEST FEES

FREESKATE (Part 1: Elements & Part 2: Program)	\$10.00 per part
DANCE	\$10.00 per dance
INTERPRETIVE or SKATING SKILLS	\$10.00 per test
COMPETITIVE SINGLES / PAIRS / DANCE	\$20.00 per test
PLUS APPLICATION FEE (JUDGES BUREAU)	\$7.00 for each test category applied for

PAYMENT: must be included in the form of cash or cheque made out to the Maple Ridge Skating Club

The Maple Ridge Figure Skating Club (#1000048), hereby certifies that the above named applicant is eligible to try the test(s) noted above, has passed all the qualifying requirements or pre-requisites, meets the age requirements for certain tests, and is a member in good standing of Skate Canada.

TEST CHAIR: **Jill Kwast**, MRFSC **Phone:** H: 604-462-0301

SIGNATURE: _____ **Email:** testchair@mapleridgeskating.com

PLEASE ENSURE ALL PARTS OF THIS APPLICATION ARE COMPLETED