

Ice Skate Club of Fresno Test Application

Registration deadline: 10/28/17

Test Date: 11/14/17 (3:45pm-5:45am)

Skater's Name _____ USFS# _____

Contact # _____ Email _____

Home Address _____ Home Club _____

Coach Name _____ Coach Signature _____

Please Circle the test you will be taking

MOVES IN THE FIELD TESTS

level	fee
Pre Preliminary	\$62
Preliminary	\$67
Pre Juvenile	\$72
Juvenile	\$77
Intermediate	\$82
Novice	\$82
Adult Pre Bronze	\$67
Adult Bronze	\$72
Adult Silver	\$77
Critique Only	\$25 _____

FREE SKATE TESTS

level	fee
Pre Preliminary	\$57
Preliminary	\$62
Pre Juvenile	\$67
Juvenile	\$72
Intermediate	\$77
Novice	\$77
Adult Pre Bronze	\$62
Adult Bronze	\$67
Adult Silver	\$72

MIF/FS

____ Please check this box if you intend to provide background music to be played during a MIF tests.

******Very Important Note:** Applicants who are Non-ISCF Home Club Members must submit a letter of permission from their home club to be allowed to test and will be scheduled on a space available basis. **In addition, \$30 must be added to all prices listed for non-ISCF member applicants.**

Skaters will receive a USFS certificate & patch (no additional charge). Prices include ice and judges' hospitality fees. **Important**** A \$25 late fee in addition to appropriate test fees must be included for all applications submitted past the deadline date. No refunds after registration deadline. A \$25 return check fee, plus any additional bank fees, will be charged in the event of a returned check.

Make checks/money orders payable to Ice Skate Club of Fresno

ISCF members: return completed application and fees to the Test Chair in person, by mail, drop in ISCF mailbox in the rink office or submit on-line at ISCFresno.org

Non-ISCF members: return completed application, permission letter, and all fees by mail to the Test Chair listed below, or submit on-line at ISCFresno.org

All applicants: Please also text or email your name and selected tests to the test chair.

If you would like a letter of achievement sent to your school, please complete the following:

Name of School _____

School Address _____

Name of Principal or Counselor _____

If you have any questions, please contact the ISCF Test Chair:

Janel Chastagner
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