

Bellingham Figure Skating Club
Test Application Form
(updated 2/3/08)

Candidate's Name: _____ USFSA # _____

Address: _____

Phone: _____ Email: _____ Home Club: _____

Candidate's Partner: _____ Test Date: _____

Test(s) Desired: Dance: _____

Moves in the Field: _____ Free Skate: _____ Figures: _____

Signature of Coach : _____

****Application and fees must be received 2 weeks prior to test date. Please put Application and Check (made out to BFSC) in the BFSC mailbox in the Sportsplex office.**

If you are a US Figure Skating member with a club other than the BFSC, you must provide a letter of permission from your home club's duly authorized representative as stated in TR 1.028 of the US Figure Skating Rulebook.

If for any reason you need to cancel your test, please notify the Test Chair as soon as possible. Test fees are non-refundable except in the case of injuries or illness. In such case, a doctor's explanation must be presented to the Club's Test Chair for refund. In the event of injury or illness, I agree to indemnify and hold harmless the Bellingham Figure Skating Club, its Test Chair, and board members from any and all costs which might arise from any such injury or illness. Further, I give my permission for emergency medical aid to be sought if it is deemed necessary.

Applicant Signature (or parent if skater is under 18)

For BFSC Use Only

Date Received _____ Amount _____
Cash _____ Check _____

