



The Skating Club of Boston

1240 Soldier's Field Road
Boston, MA 02135

Office: 617-782-5900 Fax: 617-782-7846 e-mail: club.info@scboston.org

TEST APPLICATION FOR FREE SKATING, PAIRS, AND MOVES IN THE FIELD

Test application must be filled out **completely** and submitted **with payment** in order to be processed. Application deadline is 14 days prior to the test date. Applications accepted after the deadline are subject to a \$25.00 late fee.

TEST DATE _____

NAME: _____

ADDRESS _____

PHONE _____

USFS # _____ APPLICANT'S SIGNATURE _____

PARENT OR GUARDIAN'S SIGNATURE _____

NAME OF COACH _____ SIGNATURE OF COACH _____

COACH USFS # & HOME CLUB: _____

LAST TEST PASSED _____ LAST TEST FAILED _____

PERMISSION TO TEST (REQUIRED)

This is to certify that _____ is a member in good standing of
_____ and has my permission to test on the above date.

TEST CHAIRMAN'S SIGNATURE _____

SCOB MEMBERS ONLY

(SCHOOL RECOGNITION INFORMATION FOR NOVICE TO SENIOR TESTS)

SCHOOL NAME _____

ADDRESS _____ CITY _____ STATE _____

PRINCIPAL'S NAME _____

FREE SKATING	FEE	PAIRS	FEE
PRE-PREL F	_____ \$20.00	PREL PR	_____ \$20.00
PREL F	_____ \$25.00	JUV PR	_____ \$25.00
PRE-JUV F	_____ \$30.00	INT PR	_____ \$30.00
JUV F	_____ \$35.00	NOV PR	_____ \$35.00
INT F	_____ \$40.00	JR PR	_____ \$40.00
NOV F	_____ \$45.00	SR PR	_____ \$45.00
JR F	_____ \$50.00		
SR F	_____ \$55.00	MOVES	\$35.00 ALL TESTS
ADULT PRE BRONZE	_____ \$20.00	LEVEL TESTING	
ADULT BRONZE	_____ \$25.00		
ADULT SILVER	_____ \$30.00	HOSPITALITY	\$ 5.00
ADULT GOLD	_____ \$35.00	NON-MEMBER FEE	\$10.00
		TOTAL PAYMENT	\$ _____

THE SKATING CLUB OF BOSTON OFFICE USE ONLY

DATE APPLICATION RECEIVED _____ FEES RECEIVED _____ CHECK# _____ REC'D BY _____