



The Skating Club of Boston

The Skating Club of Boston MetroWest, 121 Donald Lynch Blvd, Marlborough, MA



Test Application for Ice Dance

Skater & Test Information:

Test Date: _____ U.S. Figure Skating #: _____

Skater's Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Confirmation Email: _____

Home Club: _____

Test(s) Being Taken: _____

Parent/Guardian or Adult Skater's Signature: _____

In-Good-Standing Signature of Home Club Official/Test Chair: _____

Coach's Information:

Coach's Name: _____

U.S. Figure Skating #: _____ PSA #: _____

Required Documents: Insurance ___ Coach's Registration Card ___
All required documents must be on file with the Club prior to the test date.

Coach's Email: _____

Coach's Signature: _____

Choose Tests by Circling Below:

Circle: **Member** **Non-Member**

Level	Circle Dances:	Fee	Add. Dance
Juvenile FD	JFD	\$20	
Preliminary	DW CT RB	\$20	\$15
Intermediate	FD IFD	\$20	
Pre-Bronze	SD CC FIT	\$22	\$15
Bronze	HH WIW TF	\$25	\$15
Novice FD	NFD	\$30	
Pre-Silver	14S EW FT	\$35	\$17
Silver	AW T RF	\$40	\$20
Junior FD	JFD	\$40	
Pre-Gold	K BL PD SW	\$45	\$22
Gold	VW WW QS AT	\$45	\$22
Senior FD	SFD	\$45	
International	R AUS CON YP RW TR SAM GW MB SFD	\$45	\$22

Check off Applicable:

Solo Track: _____

Adult Test: _____

Master Test: _____

Required Fees:

Totals: Dance: \$ _____

Hospitality Fee: \$15.00

Late Fee:* \$25.00

Total Due: \$ _____

* A late fee of \$25 applies to any tests accepted after the deadline, which is 7 days prior to the applicable test date.