

## Cantiague Figure Skating Club FREESTYLE TEST CREDIT APPLICATION



www.cfscskatingclub.org

☐ CFSC HOME CLUB MEMBER I acknowledge that all my me	mbership and ice fees are current.
Name:	USFSA #
Address:	Phone: ( )
City: State:	Zip: Male: □ Female: □
Parent/Guardian Name:	Email Address:
Name of Competition:	Date of Competition:
Your Pro's Name(s):	Phone: ( )
** Pro's Email: PRO	USFSA # PSA #
Please submit a separate application for each Test.	
FREESTYLE, PAIRS and DANCE (circle test)	
Juvenile Freestyle \$25 Pairs - \$25 per test Intermediate Freestyle \$25 Pairs - \$25 per test Novice Freestyle \$25 Pairs - \$25 per test Junior Freestyle \$25 Pairs - \$25 per test Senior Freestyle \$25 Pairs - \$25 per test Adult Gold Freestyle \$25 Adult Gold Freestyle \$25	Juvenile Free Dance \$25 Intermediate Free Dance \$25 Novice Free Dance \$25 Junior Free Dance \$25 Senior Free Dance \$25
SUBMIT this application and full payment (checks made payable to Cantiague FSC) along with the documentation below to: Test Chariman, 480 W John Street, Hicksville, NY 11802 email: cantiaguefigureskatingclub@gmail.com. Please write the test level and the skater's name in the check memo.  The overall event results, including the names and signatures of the Event Referee and Technical Controller Your individual protocol Your Test Credit Skater Report from the competition	
I hereby certify that the test listed above has been unaltered and state understand that altering a protocol sheet to meet the test requirement Signature of Skater (Parent or guardian if skater is under 18)	is considered an ethics violation of U.S. Figure Skating.
I verify that the athlete listed above is eligible to receive Test Credit through IJS protocol. I have seen the unaltered and correct scores, which match the protocol the athlete is submitting. I understand that altering a protocol sheet to meet the test requirement is considered an ethics violation of U.S. Figure Skating and The Professional Skaters Association.  Signature of Skating Professional	

Amount Paid \_\_\_\_\_ Check # \_\_\_\_ Postmark Date \_\_\_\_ \*\*\*\* Credit cards not accepted (1/2018)