



Missoula Figure Skating Club

United States Figure Skating Test Session
 March 19, 2010 8:00 a.m. (estimate)
 Glacier Ice Rink, Missoula County Fairgrounds

Test Application
 Deadline is
March 5th

Application Form

Last Name _____ First Name _____
 USFS# _____ Home Club _____
 Address _____ City _____
 State _____ Zip _____ Phone(s) _____
 Email _____
 Dance Partner Name _____ USFS# _____

Tests Offered - Please Circle the tests you want to take:

Moves in the Field	Rate	Free Skate	Rate	Dance	Rate/dance
Pre-Preliminary	\$30	Pre-Preliminary	\$20	Preliminary: DW CT RB	\$20
Preliminary	\$35	Preliminary	\$25	Pre-Bronze: SD CC FIT	\$25
Pre-Juvenile	\$45	Pre-Juvenile	\$30	Bronze: HH WW TF	\$30
Juvenile	\$50	Juvenile	\$30	Pre-Silver: EW FT 14S	\$35
Intermediate	\$55	Intermediate	\$35	Silver: AW RF T	\$40
Novice	\$60	Novice	\$40	Pre-Gold: SW PD KI BL	\$45
Junior	\$65	Junior	\$50		
Senior	\$70	Senior	\$60	Please circle type of Dance test:	
Adult Pre-Bronze	\$35	Adult Pre-Bronze	\$25	Standard Dance	
Adult Bronze	\$40	Adult Bronze	\$30	Adult Dance	
Adult Silver	\$45	Adult Silver	\$30	Solo Dance	
Adult Gold	\$55	Adult Gold	\$35	Masters Dance	

Payment Summary Test Type	Total Fees Due (add totals from above for each test category)
Moves in the Field	
Free Skate	
Dance	
USFS Test Registration Fee of \$4/test e.g. 2 tests x \$4 = \$8 →	
Non-Member or Associate Member Fee \$25 →	
Hospitality Fee	\$15
Mailed after 3/5 – Add \$20 late fee →	
TOTAL AMOUNT DUE	

Return Form & Payment By: **March 5th**
 All Test Fees Must Accompany Application
Make Checks Payable to:
 Missoula FSC
No Refunds

Send To: **Lynn Schliebe**
MFSC Test Chair
2625 Woodland
Missoula MT 59802
 (406) 549-9797 or upsman5@msn.com

Skater's Signature _____ Parent's Signature _____
 Coach's Signature _____ (for skaters under 18 years old)

Test Chair Certification (if skater is a member of a different Club):
 The above applicant is a member in good standing with USFS.
 Test Chair Signature _____
 *Your Club's Test Chair must send a letter or email of permission to the MFSC Test Chair if they do not sign this form.
 Send emails to Lynn Schliebe at upsman5@msn.com



Missoula Figure Skating Club March 19, 2010 Test Session Practice Ice Request Form

Practice Ice
Request
Deadline is
Mar 5th

Name: _____ Club: _____
USFS# _____
Address: _____
Phone(s): _____
Email: _____

NOTE: The Test & Practice Ice schedule will be emailed to you. If you don't have email, include a Self-Addressed Stamped Envelope.

Skating Level you are Testing:

Moves _____ Free Skate _____ Dance _____

Register for 30 minute sessions at \$15.00 per session in advance (\$20 walk on, if space permits). There will be no refunds for practice ice unless the sessions requested are not available. Sessions are scheduled "first come, first served".

Practice Ice is: Friday Morning, Mar 19th - approx. time: 6:30 a.m. – 8:00 a.m.

Check (v) the Sessions you want:

Moves Test Practice Ice _____ = \$15.00
Free Skate Test Practice Ice _____ = \$15.00
Dance Test Practice Ice _____ = \$15.00
Total Amount Due \$ _____

Return Form & Payment By: **Mar 5th**
All Practice Ice Fees Must Accompany this Request Form
Make Checks Payable to:
Missoula Figure Skating Club
No Refunds

Send To: Lynn Schliebe
MFSC Test Chair
2625 Woodland
Missoula MT 59802
(406) 549-9797
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