



Finer Edge Figure Skating Club

Test Session: March 24, 2024

Location: Veterans Memorial Ice Rink
56 Buena Vista Rd, West Hartford



Application & Payment **Deadline: Must be received by: March 14th**

Make Checks Payable to "Finer Edge FSC."

Mail to: P.O. Box 310076, Newington, CT 06131-0076

Skaters Name: _____ USFSA# _____
 Home Club: _____ Email: _____
 Address: _____
 Phone: _____

Coach Signature: _____ Phone: _____
 Email: _____

If you **are not** a Home Club Member of **Finer Edge Figure Skating Club**, please attach your club's permission form or provide signature of club officer: _____

Skating skills	Singles	Competition Protocol	Payment
<input type="checkbox"/> Pre- Preliminary \$40	<input type="checkbox"/> Pre- Preliminary \$40	<input type="checkbox"/> Juvenile \$40	Test Fee(s) \$ _____
<input type="checkbox"/> Preliminary \$40	<input type="checkbox"/> Preliminary \$40	<input type="checkbox"/> Intermediate \$45	Non Member Fee
<input type="checkbox"/> Pre- Juvenile \$45	<input type="checkbox"/> Pre- Juvenile \$45	<input type="checkbox"/> Novice \$45	\$10 per test \$ _____
<input type="checkbox"/> Juvenile \$45	<input type="checkbox"/> Juvenile \$45	<input type="checkbox"/> Junior \$50	LATE FEE \$35 \$ _____
<input type="checkbox"/> Intermediate \$50	<input type="checkbox"/> Intermediate \$50	<input type="checkbox"/> Senior \$50	Hospitality Fee \$ <u>10</u>
<input type="checkbox"/> Novice \$50	<input type="checkbox"/> Novice \$50		(exclude if protocol test)
<input type="checkbox"/> Junior \$55	<input type="checkbox"/> Junior \$55		Total \$ _____
<input type="checkbox"/> Senior \$55	<input type="checkbox"/> Senior \$55		
<input type="checkbox"/> Adult Pre-Brnz \$35	<input type="checkbox"/> Adult Pre-Brnz \$35		
<input type="checkbox"/> Adult Bronze \$35	<input type="checkbox"/> Adult Bronze \$35		
<input type="checkbox"/> Adult Silver \$45	<input type="checkbox"/> Adult Silver \$45		
<input type="checkbox"/> Adult Gold \$55	<input type="checkbox"/> Adult Gold \$55		

Please note: Applications will be processed on a first come first serve basis. Priority will be given to Finer Edge FSC Members. I understand that applying for testing reserves ice time and covers judges expenses. Since this is planned and paid for in advanced test fees are NON-REFUNDABLE. If you sign for a Moves and Freestyle test at the same level and do not pass the Moves test, the fee for the Freestyle test will not be refunded. If you take more than one Moves test, you must pass the lower level test first in order to take the higher level test. If you do not pass the lower level test, you may not take the higher level test and the fee will not be refunded.

I acknowledge that I have read and understand the rules concerning this test application.

Signature (parent/guardian is skater is a minor): _____ Date: _____

FEFSC Office Use Only:

Date Received: _____ Check No.: _____

Coach Registration: () Yes () No