



**THE BOURNE SKATING CLUB
USFS TEST APPLICATION**

TEST DATE:	DEADLINE: Postmarked 2 weeks (14) days prior to test date
Applications are accepted only by mail, postmarked on or before the deadline, mailed to:	
Bourne Skating Club – Test Chair	
C/O Gallo Ice Arena	
231 Sandwich Rd, Bourne, Ma 02532	
<i>This form must be <u>filled out completely and signed</u> to be considered or it will be returned to you.</i>	
<i>Please Print Clearly</i>	
Skater's Name:	USFS #: Home Club:
Address:	City: ST: Zip:
Phone: ()	EMAIL:

<u>MOVES</u>	(Circle test(s) to be taken)		<u>FREESTYLE</u>		
	BSC Members	Non-Member		BSC Members	Non-Member
<input type="checkbox"/> Pre-Preliminary	\$35.00	\$45.00	<input type="checkbox"/> Pre-Preliminary	\$35.00	\$45.00
<input type="checkbox"/> Preliminary	\$35.00	\$45.00	<input type="checkbox"/> Preliminary	\$35.00	\$45.00
<input type="checkbox"/> Pre-Juvenile	\$35.00	\$45.00	<input type="checkbox"/> Pre-Juvenile	\$35.00	\$45.00
<input type="checkbox"/> Juvenile	\$35.00	\$45.00	<input type="checkbox"/> Juvenile	\$35.00	\$45.00
<input type="checkbox"/> Intermediate	\$40.00	\$50.00	<input type="checkbox"/> Intermediate	\$40.00	\$50.00
<input type="checkbox"/> Novice	\$40.00	\$50.00	<input type="checkbox"/> Novice	\$40.00	\$50.00
<input type="checkbox"/> Junior	\$50.00	\$60.00	<input type="checkbox"/> Junior	\$50.00	\$60.00
<input type="checkbox"/> Senior	\$50.00	\$60.00	<input type="checkbox"/> Senior	\$50.00	\$60.00

\$ _____ Test Fees (from above)

\$ _____ \$10.00 Hospitality Fee – BSC Members (covers meals and travel expenses for judges)

\$ _____ \$15.00 Non-Member Fee (Must also have club representative signature)

\$ _____ \$20.00 Late Fee (must be mailed to Test Chair, postmarked on or before Deadline 14 days prior to Test)

\$ _____ (Check or Money order payable to: Bourne Skating Club) (\$25.00 Returned Check Fee)

\$ _____ **TOTAL DUE**

By signing below, I certify that the applicant skater has demonstrated the requisites for the test(s) applied for:

Professional's Signature	Professional's Name (Please Print)	Phone #
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Professional's Email Address	USFSA#
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Signature of Skater _____ Signature of Parent (skater under 18) _____

Page 1 of 2
November 2017

Bourne Skating Club

Test Information and Application Instructions

DEADLINE: Postmarked two weeks (14 days) prior to test date. **Applications will be accepted by mail only.** Mail to: Bourne Skating Club Test Chair, PO Box 284, Buzzards Bay, MA 02532. Please be considerate of the deadline. This is to allow time to put the schedule together or change the ice reservation if we need to. **Applications that are not filled out completely and/or not signed will be returned for resubmission.** Any application received postmarked after the deadline will be subject to a \$20 late fee and the test will not be scheduled until the late fee is received. There is a \$20 returned check fee.

ACCEPTANCE: Only complete and signed applications, with correct payment, will be considered. Priority for testing will be given to home club members of the Bourne Skating Club. Exceptions may be made at the discretion of the Test Chair, especially for Senior level tests and those needing to test for a team or competition deadline, as long as this is noted where indicated on the application.

REFUNDS: Tests withdrawn, in writing, prior to the deadline, will receive a refund. **NO refunds will be issued after the deadline.** Plan your tests accordingly. If you are taking more than one test and you do not pass the prerequisite test, you will not receive a refund for the remainder of your tests. **Exceptions:** Injury/illness, confirmed by a doctor's note, or a death of an immediate family member. If the session is full prior to receipt of your application, you will receive a full refund.

SCHEDULE: The schedule will be completed seven (7) days prior to the test date and will be emailed to skaters and coaches, as well as posted on the BSC website. If you have provided an email address, an email will be sent to that address. If no email address is provided, it is your responsibility to check the clubroom door for your scheduled time.

ON TEST DAY: You should arrive at the rink no later than 45 minutes prior to your scheduled warm up time; test sessions sometimes run ahead of schedule! Please check in with the Test Chair upon your arrival at the rink.

NON HOME CLUB MEMBERS MUST COMPLETE BELOW:

I certify that the skater listed above is a member in good standing of _____
(Home Skating Club) for this current membership year and has the Club's permission to test.

Home Club Representative/Test Chairperson
Phone # _____