

Euclid Blade And Edge Figure Skating Club Test Application

Singles/Pairs/Moves

Instructions:

1. Please complete the following application and submit it to Euclid Blade and Edge Test Chairman no later than 10 days prior to the test date. Applications are not valid unless signed.
2. Preference will be given to home club members in the test schedule.
3. Please arrive at the rink at least 40 minutes prior to your scheduled test time. A tentative schedule will be posted at the rink and on the website (euclidskating.org) 5 days prior to the test date.
4. Checks are to be made payable to Euclid Blade and Edge, FSC (EB&E, FSC). There is a \$35.00 fee for returned checks. There are no refunds for cancellations after the schedule is posted without a written medical excuse. Checks and applications may be mailed to **Cyndy Mignogna**, 24101 Puritan Ave., Euclid, OH 44123. For questions please call (216) 406-3504 or email jcmignogna@sbcglobal.net.

Test Date: _____

Name: _____ USFS#: _____

Address: _____

Phone #: _____ email: _____

Home Club: _____

Home Club Test Chair/Officer Name/Signature approving eligibility:

Name/Title

Signature

Moves in the Field Test desired: _____ Fee: _____

Freestyle Test desired: _____ Fee: _____

Pairs Test desired: _____ Fee: _____

Pro's Signature: _____ Date: _____

I hereby release the Euclid Blade and Edge Figure Skating Club, Inc. or any of its officers and board members from any responsibility in the event of loss or injury during any skating session or other Club events.

Skater's Signature

Parent/Guardian's Signature if under 18 yrs. Old

Test Level

Pre-Preliminary	\$18.00
Preliminary	\$20.00
Pre-Juvenile	\$22.00
Juvenile	\$24.00
Intermediate	\$26.00
Novice	\$28.00
Junior	\$30.00
Senior	\$32.00
Adult Pre- Bronze	\$20.00
Bronze	\$20.00
Silver	\$25.00
Gold	\$30.00

Amount: _____

Check#: _____

Date rec'd: _____