

Hudson Mohawk Figure Skating Club, Inc.
 RPI Field House, Peoples Ave., Troy, NY 12180
 US Figure Skating Test Application Sunday, March 28, 2010

Skater's Name _____
 Address _____
 Telephone _____ Home Club _____
 US Figure Skating Number _____

Professional signature-I confirm that my US Figure Skating Membership to current and that I have completed the background check.

Professional's signature & phone number **Date**

All fees must accompany the completed test application before the test can be scheduled.

Test Category _____ Level _____ Fee _____ If retry, date last skated _____

MIF _____

Freestyle _____

Dance (s) _____

If retrying a test, it is the skater's responsibility to be sure that there are at least 28 days between tests.

If taking a dance test, will this complete the level? Yes ___ No ___

Fee must accompany application or test will not be scheduled. No refund unless cause is accident related.

FREE SKATING/MIF (please check) **DANCE** (fee is per dance. Please circle)

Pre-Preliminary	\$ 35.00 () MIF ()	Preliminary	\$32.00 DW	CT	RB
Preliminary	38.00 () MIF ()	Pre Bronze	37.00 SD	CC	FT
Pre Juvenile	43.00 () MIF ()	Bronze	42.00 HH	WW	TF
Adult Pre Bronze	43.00 () MIF ()	Pre Silver	47.00 14S	EW	FT
Juvenile	48.00 () MIF ()	Silver	52.00 AW	T	RF
Adult Bronze	48.00 () MIF ()	Pre Gold	57.00 PD	K B	SW
Intermediate	53.00 () MIF ()	Gold	62.00 VW	WW	
Adult Silver	53.00 () MIF ()				QS AT
Novice	58.00 () MIF ()				
Adult Gold	58.00 () MIF ()				
Junior	63.00 () MIF ()				
Senior	68.00 () MIF ()				

Home Club Permission to test:

To the best of my knowledge _____
is a member in good standing with his/her home club and has permission to test with the
Hudson Mohawk FSC on March 28, 2010.

Signature of Club Officer _____ Date _____

Club Office _____

Phone Number _____

To be in good standing a skater must be a current US Figure Skating C=Member and be
up to date with all fees due to his/her home club or member club.

Special requests

Please list any special requests below. I will do my best to accommodate them.

After the schedule is posted special requests may not be able to be arranged.

THERE WILL BE A \$35.00 FEE FOR ALL CHECKS RETURNED

Please make your check payable to HMFSC.

Mail application and check to

Tommie Palladino
18 Yardley Ct.
Loudonville, NY 12211
518/783-1275

ALL TEST APPLICATION MUST BE RECEIVED BY MARCH 7TH.