



Oxford Skating Club

Test Application for March 19 & 20, 2010 Test Session (Friday March 19: 5-9PM and Saturday 7-10:15AM)

Application must be complete filled out, signed by both professional and parent/guardian, and be submitted in a timely fashion. Failure to do so will result in loss of the privilege to test. If you are seeking practice with Victor Farrow, please contact him directly at vr2000@ameritech.net.

Skater's Name _____ USFS # _____

Street Address _____ Phone # _____

City _____ State _____ Zip Code _____

Email _____ Home Club _____

**If you are not a member of OSC or MUSC, please include a Letter of Good Standing from your Home Club & add the \$25.00 non-member fee to your total below. Please remember out of club test request will be filled if time is available.*

The following fees were established to cover test session expenses. These fees are **due** at the time this test application is filed with the test chairperson and are **NOT refundable**. All skaters must pay the \$10.00 judges' hospitality fee.

Free Skating

<input type="checkbox"/>	Pre Pre	\$25
<input type="checkbox"/>	Prelim.	\$25
<input type="checkbox"/>	Pre Juv	\$30
<input type="checkbox"/>	Juvenile	\$30
<input type="checkbox"/>	Intermed.	\$35
<input type="checkbox"/>	Novice	\$35
<input type="checkbox"/>	Junior	\$40
<input type="checkbox"/>	Senior	\$45

Moves In the Field

<input type="checkbox"/>	Pre Pre	\$35
<input type="checkbox"/>	Prelim.	\$35
<input type="checkbox"/>	Pre Juv	\$45
<input type="checkbox"/>	Juvenile	\$45
<input type="checkbox"/>	Intermed.	\$50
<input type="checkbox"/>	Novice	\$50
<input type="checkbox"/>	Junior	\$55
<input type="checkbox"/>	Senior	\$55

Dance (each)

<input type="checkbox"/>	Prelim.	\$25
<input type="checkbox"/>	Pre-Brz	\$25
<input type="checkbox"/>	Bronze	\$35
<input type="checkbox"/>	Pre-Slv	\$40
<input type="checkbox"/>	Silver	\$45
<input type="checkbox"/>	Pre-Gld	\$50
<input type="checkbox"/>	Gold	\$50
<input type="checkbox"/>	Jr. Intern.	\$60
<input type="checkbox"/>	Sr. Intern.	\$60

TESTS TO BE SKATED:

Free Skating

Moves In the Field

Dance (each)**

_____	_____	_____
_____	_____	_____
_____	_____	_____

Coach/Professional Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Test fees **MUST** accompany this application.

Make checks payable to:

Oxford Skating Club

Send to:

OSC Test Chairs: Faith Daley & Emily Curry
Goggin Ice Center
Miami University
Oxford, OH 45056

Test Fees: \$ _____ .00
Hospitality Fee: \$ _____ 10.00
\$25 Non-Member \$ _____ .00

Total Fees \$ _____ .00
(add \$20 late fee after March 2, 2010)

Paid: Cash _____ Check # _____

Test Fees & Test Application DUE BY March 2, 2010

Email questions to: fcdgc@aol.com or visit our website at www.oxfordskateclub.com