



Oxford Skating Club

Test Application for August 27, 2010 Test Session

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. Moves in the Field and Freestyle will be offered at this session.

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 hospitality fee which goes toward travel and other expenses for our judges.

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

TESTS TO BE SKATED:

Free Skating

Moves In the Field

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: Emily Curry & Kelli Quigg

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 August 18, 2010)

Paid: Cash _____ Check # _____
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Test Fees & Test Application DUE BY August 24, 2010

Email questions to: OSCEmmy@yahoo.com or visit our website at

www.oxfordskateclub.com