



BC COAST REGION **LOW** TEST APPLICATION

SKATER'S INFORMATION:

SKATER'S NAME: _____, _____
LAST NAME FIRST NAME

SKATE CANADA # _____

HOME PHONE: _____ EMAIL: _____

HOME CLUB NAME: Kerrisdale Figure Skating Club HOME CLUB #: 1000044

COACH'S INFORMATION:

COACH'S NAME: _____

PHONE: _____ EMAIL: _____

AUTHORITY TO TAKE TEST: _____
(usually the coach) NAME / SIGNATURE

TEST APPLIED FOR:

Check only one category (Complete a separate form for each category)

FREESKATE: _____ Part 1:Elements Part 2:Program

SKILLS: _____ Music: Yes No

INTERPRETIVE: _____ Title: _____

DANCE(S): _____

Is skater taking dance test 25 years of age or older:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
PARTNER'S NAME: _____	SOLO: <input type="checkbox"/>	

SKATE CANADA TEST FEES

FREESKATE (Part 1: Elements & Part 2: Program)	\$12.00 per part
DANCE	\$12.00 per dance
SKATING SKILLS	\$12.00 per test
INTERPRETIVE	\$12.00 per test

PLUS APPLICATION (Club) FEE: \$ **7.00**

PAYMENT: Cash or cheque payable to: Kerrisdale FSC

The _____ Kerrisdale FSC ___ hereby certifies that the above named applicant is eligible to try the test(s) noted above, has passed all the qualifying requirements or pre-requisites, meets the age requirements for certain tests, and is a member in good standing of Skate Canada.

TEST COORDINATOR: Barb Wagner 604-275-3482
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