

## Tri-Cities Figure Skating Club

### TEST APPLICATION FORM

Test Date: Friday, August 14, 2009

Name of Test Applicant _____	USFSA No. _____
Address _____	
City _____	State _____ Zip _____
Home Phone _____	Contact Phone _____ E-mail _____
TCFSC Home Club Member _____	TCFSC Associate Club Member _____
Yes/No	Yes/No
If Associate or non-affiliated Club Member, name of Home Club* _____	
*All applicants must have written permission from their Home Club prior to testing.	
Coach _____	Signature _____
I certify that the applicant named above is a member in good standing with USFSA and their Home Club.	
Signature of Home Club Test Chair _____	

**BEFORE YOUR TEST MAY BE SCHEDULED, THE FOLLOWING MUST BE COMPLETED AND RECEIVED BY THE TEST CHAIR, ON OR BEFORE, Wednesday, July 22, 2009\***

1. A completed test form.
2. All applicable test fees.
3. Signature of Home Club Official or Test Chair of skater's home Club if testing as a TCFSC Associate or Non- Affiliated Club Member.

\* Applications received after the deadline will be accepted accompanied by a \$15.00 late fee, and on a space available basis.

The Test Chair will notify you of the time(s) your test(s) has been scheduled. Please make check payable to, **TRI-CITIES FIGURE SKATING CLUB** (a \$20.00 fee will be charged for all checks returned for any reason), AND MAIL TO:

**Julie Naccarato, Test Chair  
267 Rachel Rd.  
Kennewick, WA 99338**

If for any reason you need to cancel your test, please notify the Test Chair as soon as possible. Test fees are non-refundable **AFTER Wednesday, July 22, 2009.** except in the case of injury. In such a case, a doctor's explanation must be presented to the Club's Test Chair for consideration of a refund.

In the event of injury or illness, I agree to indemnify and hold harmless the Tri-Cities Figure Skating Club, it's Test Chair, Club Officers and Directors, and USFSA Officials from any and all costs which might arise from any such injury or illness. Further, I give my permission for emergency medical aid to be sought for me (if over 18 years of age), or my child if it is deemed necessary.

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Applicant Signature (or Parent if under 18 years of age)