

**SPACE COAST FSC TEST APPLICATION**  
**For**  
**Single Panel Tests on Freestyle Ice**

**TEST TIME MUST BE COORDINATED WITH JUDGE AND SCFSC TEST CHAIR.  
 SKATER IS RESPONSIBLE FOR PAYING FOR ICE TIME. CREDIT IS GIVEN BELOW.**

Fees are non-refundable unless test is cancelled by the Club or in the event of a medical reason  
 which is verified by a written statement from the tester's doctor.

<b>NAME:</b> _____	<b>TEST DATE:</b> _____
<b>USFSA #</b> _____	<b>TIME:</b> _____
<b>PHONE #</b> _____	<b>EMAIL:</b> _____
<b>ADDRESS:</b> _____	<b>HOME CLUB:</b> _____
_____	_____

MOVES IN THE FIELD	FREESTYLE	FREESTYLE
<input type="checkbox"/> Pre-Preliminary      \$35.00	<input type="checkbox"/> Pre-Preliminary      \$35.00	
<input type="checkbox"/> Adult Pre-Bronze      \$35.00	<input type="checkbox"/> Adult Pre-Bronze      \$35.00	

**NOTE: Only tests listed above may be taken outside of test sessions.**

Date Last Test (if re-skate):	TEST FEE TOTAL
Coach Signature:	Non-Home Club Fee* _____
Skater's Signature:	ICE TIME CREDIT      - \$ 5.00
Parent's Signature (if skater under 18):	_____
<b>Please make checks payable to Space Coast FSC</b>	<b>TOTAL DUE</b>

\*NON-HOME CLUB TESTERS MUST SUBMIT A PERMISSION TO TEST FORM AND 1.5 x FEE.  
 Citrus & Daytona Beach FSC exempt from 1.5 x fee.

PLEASE RETURN COMPLETED APPLICATION, PERMISSION FORM (if required) AND CHECK MADE OUT TO SCFSC  
 TO: SCFSC TEST CHAIR, 720 Roy Wall Blvd., Rockledge, FL 32955 PHONE: 321-504-7500.

**IT IS YOUR RESPONSIBILITY (NOT THE COACH'S) TO HAVE THE APPLICATION TO THE TEST CHAIR ON TIME.**

**CUT HERE – SUBMIT WITH PAYMENT**

PAYMENT FORM	
<b>NAME:</b> _____	<b>TEST DATE:</b> _____
<b>USFSA #</b> _____	<b>AMT PAID:</b> _____
_____	<b>CHECK #:</b> _____
<b>List Test(s):</b>	
_____	
_____	
_____	
_____	