

**Boston University Figure Skating Club Test Application**  
**Test Date: March 29, 2009**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ USFS # \_\_\_\_\_

Applicant (or parent/guardian if applicant under 18 yrs) signature

\_\_\_\_\_ Date \_\_\_\_\_

Coach signature \_\_\_\_\_ Date \_\_\_\_\_

Club officer signature \_\_\_\_\_ Date \_\_\_\_\_

Test(s) to be taken:

\_\_\_\_\_ Moves Date last tested \_\_\_\_\_

\_\_\_\_\_ Free Skating Date last tested \_\_\_\_\_

\_\_\_\_\_ Dance Date last tested \_\_\_\_\_

\_\_\_\_\_ Pairs Date last tested \_\_\_\_\_

\$15/test if BU or MIT club member; \$45/test for non-members

Total number of tests \_\_\_\_\_ Total Fee \$ \_\_\_\_\_

Please make all checks payable to BUFSC. Application & fees should be mailed to Michelle Lichtor at 24 Buswell St, Box 24, Boston, MA 02215. These must be received by March 22. \$25 additional charge if application received after March 22.