MIT Figure Skating Club
U.S. Figure Skating Test Session Application

Test Date: ________________________________________________

Name: ___________________________________________________

Email Address: ___________________________________________

Phone Number: ___________________________________________

U.S. Figure Skating Member #: ______________________________

Test(s) to be taken: _______________________________________

(If applicable, partner’s name:______________________________)

Coach’s signature: _______________________________________

Home Club (if not MIT): _________________________________

Home Club Test Chair Email: ______________________________

Test Fees

Students: $10 for 1 test, $5 for each additional test

Non-Student: $20 for 1 test, $10 for each additional test

Total: _______________________

Application due 12 weeks prior to test date