**Testing During Event - Please mail in this form separately**

Mail Test Application to:

Let’s Skate 2017

872 Woodlawn Road, Sudbury. Ontario, P3E 6J6 Applications must be received by March 15, 2017.

Please include a **SEPARATE CHEQUE** along with appropriate test sheets / summary sheets and club permission with entry form.

**\*\*\*Last Day for test withdrawals is March 24th, 2017 \*\*\*\*\* Administration fee is non-refundable\*\*\***

**FREE SKATE PROGRAM TO BE TESTED:**

|  |  |
| --- | --- |
| Preliminary Free Skate | \_\_\_\_\_\_ |
| Junior Bronze Free Skate | \_\_\_\_\_\_ |
| Senior Bronze Free Skate | \_\_\_\_\_\_ |
| Junior Silver Free Skate | \_\_\_\_\_\_ |
| Senior Silver Free Skate | \_\_\_\_\_\_ |
| Gold Free Skate | \_\_\_\_\_\_ |
| Event entered for this test to be tried | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **INTERPRETIVE TESTS:** |  |
| Introductory | \_\_\_\_\_ |
| Bronze | \_\_\_\_\_ |
| Silver | \_\_\_\_\_ |
| Gold | \_\_\_\_\_ |
| Interpretive Title: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Title must be included with this form) |
| Event entered for this test to be tried    TEST FEES: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Star Skate and Interpretive Tests: | $12 |

Tests taken in a Competitive Event to count as Part A and B: $24

Plus Administration Fee per each part of test (non-refundable): $10

Total Owing: $\_\_\_\_\_\_\_\_\_\_\_ plus Admin fee $10 = $\_\_\_\_\_\_\_ Enclose a separate cheque payable to Let’s Skate 2017.

I verify that the skater named on the application is a member in good standing of the skating club and has permission to try a test at Let’s Skate 2017.

|  |  |
| --- | --- |
| Signature of Club Official | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Print Name of Official | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email address of Official | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Phone number of Official | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |