

Date of Test Session Requested: \_\_\_\_\_

# Lake Effect FSC Test Application

Mail to: Katie Van Ark, 8437 Twin Lakes Drive, Jenison, MI 49428

Please Note: Home Club applications take precedence over out-of-club applications.

Name: \_\_\_\_\_ M/F: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_ USFSA#: \_\_\_\_\_

LEFSC Member? \_\_\_\_\_ Yes \_\_\_\_\_ No\* Home Club: \_\_\_\_\_

\*Non-LEFSC members must pay out of club fee of \$20 per test session.

Please circle desired tests:

### Standard Track:

#### Field Moves

Pre/Preliminary	\$30.00	_____
Preliminary	\$35.00	_____
Pre/Juvenile	\$45.00	_____
Juvenile	\$45.00	_____
Intermediate	\$45.00	_____
Novice	\$50.00	_____
Junior	\$55.00	_____
Senior	\$55.00	_____

#### Free Skate

Pre/Preliminary	\$25.00	_____
Preliminary	\$30.00	_____
Pre/Juvenile	\$30.00	_____
Juvenile	\$30.00	_____
Intermediate	\$35.00	_____
Novice	\$40.00	_____
Junior	\$45.00	_____
Senior	\$45.00	_____

### Adult Track: (must be at least 21 years of age)

#### Field Moves

Pre-Bronze	\$30.00	_____
Bronze	\$35.00	_____
Silver	\$35.00	_____
Gold	\$40.00	_____

#### Free Skate

Pre-Bronze	\$20.00	_____
Bronze	\$25.00	_____
Silver	\$30.00	_____
Gold	\$35.00	_____

Total for all tests: \_\_\_\_\_

Add Judges Fee (required) \_\_\_\_\_ +\$10.00

Out of club fee(\$20.00 if required) \_\_\_\_\_

**Total Fees:** \_\_\_\_\_

Make checks payable to Lake Effect FSC

Mail application to: Katie Van Ark  
8437 Twin Lakes Drive  
Jenison, MI 49428  
Phone: (616) 662-4911

Applications must be completely and legibly filled out and **submitted at least 14 days prior** to the test date. Full payment must accompany all test applications. A \$30.00 fee will be levied for all returned checks. **Test fees will not be returned if test applied for is not taken, including contingency tests, unless the test session is cancelled.**

Coaches Signature: \_\_\_\_\_ Applicant/Parent/Guardian Signature: \_\_\_\_\_  
(If applicant is under 18 yrs. of age)

**If LEFSC is not your home club, permission to test is required from your home club.**

*This skater is in good standing and should be allowed to test.*

Home Club Permission (Test Chair): \_\_\_\_\_

For Club Use Only:	
Check Number _____	Date Received _____