



Postmark Date: _____
Check # _____ (test chair only)

Burnsville-Minnesota Valley Figure Skating Club

PAIRS TEST APPLICATION

Test Registration may also be done online at <https://bmvfsc.clubexpress.com>

Name of Skater _____

Name of Partner _____

Mailing Address _____

City _____ State _____ Zip _____

Home Club _____ **U.S. Figure Skating #** _____

Telephone _____

E-mail address _____

Test(s) Requested _____

(Non Home Club Members should include a letter of permission from your home club test chair.)

I verify, to the best of my ability, that this skater is prepared to test at this level.

Professional name (please print) _____ E-mail _____

Signature of Professional _____ Date _____

Signature of Parent/Guardian _____ Date _____

APPLICATIONS MUST BE POSTMARKED TWO WEEKS PRIOR TO TEST DATE
Applications postmarked after that date must include a \$25.00 late fee.
A late application will only be accepted upon approval of the test chair(s).
*******TEST FEES WILL NOT BE REFUNDED AFTER DEADLINE*******

**** Each skater in the pairs must complete an application and each pay the appropriate listed fee below****

TEST FEES	HOME CLUB	ASSOCIATE	NONMEMBER
Each Pair Memembr	\$25.00	\$35.00	\$45.00

TESTING WILL TAKE PLACE ONLY IF A QUALIFIED JUDGE IS ABLE TO BE SCHEDULED
TEST FEES ARE NOT REFUNDED IF TEST IS NOT PASSED.

Mail Application to:
 Amy Parizek - BMVFSC
 13103 Preserve Court
 Savage, MN 55378

Questions: (952) 233-1810 or aeparizek@yahoo.com

Updated 10/1/2018