

Twin City Figure Skating Association
Consolidated Testing Application

Testing Date _____ Location _____

Skater _____ US Figure Skating# _____

Home Club _____

Address _____ Phone _____

Coach _____ Phone _____

Moves In The Field

_____ Pre-Preliminary

_____ Preliminary

_____ Pre-Juvenile

_____ Juvenile

_____ Intermediate

_____ Novice

_____ Junior

_____ Senior

Free Skate

_____ Pre-Preliminary

_____ Preliminary

_____ Pre-Juvenile

_____ Juvenile

_____ Intermediate

_____ Novice

_____ Junior

_____ Senior

Adult

_____ Pre-Bronze Moves

_____ Bronze Moves

_____ Silver Moves

_____ Gold Moves

_____ Pre-Bronze Free

_____ Bronze Free

_____ Silver Free

_____ Gold Free

Test Chair Signature _____

(in lieu of permission to test form)

Coach Signature _____

Parent Signature _____

(or skater if over 18)

Send Self-Addressed Stamped Envelope and Check to TCFSA to:

Kathy Lambert

800 Brenner Avenue

Roseville, MN

651-483-9871 (h)

NOTE: The deadline for this application is a postmark date at least 12 days in advance of the testing date.