



**BC COAST REGION
LOW TEST APPLICATION**

SKATER'S INFORMATION:

SKATER'S NAME: _____ , _____
LAST NAME FIRST NAME

SKATE CANADA NO.: _____

HOME PHONE: _____ EMAIL: _____

HOME CLUB NAME: _____ HOME CLUB #: _____

COACH'S INFORMATION:

COACH'S NAME: _____

PHONE: _____ EMAIL: _____

AUTHORITY TO TAKE TEST: _____
(Usually the coach) NAME / SIGNATURE

TEST APPLIED FOR:

Check only one category (Complete a separate form for each category)

FREESKATE: _____ Part 1: Elements Part 2: Program

SKILLS: _____ Music: Yes No

DANCE(S): _____

Is skater taking dance test 25 years of age or older: Yes No

PARTNER'S NAME: _____ SOLO:

SKATE CANADA TEST FEES

FREESKATE (Part 1: Elements & Part 2: Program) \$10.00 **per part**
DANCE \$10.00 **per dance**
SKATING SKILLS \$10.00 per test

PLUS APPLICATION FEE: \$ _____

PAYMENT: Cash or cheque payable to: _____

The _____, hereby certifies that the above named applicant is eligible to try the test(s) noted above, has passed all the qualifying requirements or pre-requisites, meets the age requirements for certain tests, and is a member in good standing of Skate Canada.

TEST COORDINATOR: _____
NAME / SIGNATURE

PLEASE ENSURE ALL PARTS OF THIS APPLICATION ARE COMPLETED