

BC COAST JUDGES BUREAU TEST APPLICATION

NAME OF APPLICANT _____ S.C.# _____

HOME CLUB OF SKATER _____ CLUB # _____

SKATER'S PHONE# _____ COACH'S PHONE# _____

COACH'S NAME _____

AUTHORITY TO TAKE TEST: _____

NAME / SIGNATURE

TEST APPLIED FOR: COMPLETE A SEPARATE FORM FOR EACH CATEGORY

FREESKATE _____ PT 1 ___ PT 2 ___ SKILLS _____

INTERPRETIVE _____ SINGLE ___ COUPLE ___

INTERPRETIVE TITLE (max 70 characters) _____

DANCE/S _____ PARTNER _____

PLEASE INDICATE IF SKATER IS 25 YEARS OF AGE OR OLDER: YES ___ NO ___

COMPETITIVE SINGLES LEVEL _____

COMPETITIVE PAIRS LEVEL _____

COMPETITIVE DANCE LEVEL _____

INDICATE IF TEST IS A RETRY _____

SKATE CANADA TEST FEES

FREESKATE	\$10.00 PER PART
DANCE	\$10.00 PER DANCE
INTERPRETIVE OR SKATING SKILLS	\$10.00 PER TEST
COMPETITIVE SINGLES/PAIRS/DANCE	\$20.00 PER TEST

PLUS APPLICATION FEE (JUDGES BUREAU) \$7.00 FOR EACH TEST CATEGORY APPLIED FOR

The Kitsilano Figure Skating Club, 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 CHAIR _____ PHONE# _____

PLEASE ENSURE ALL PARTS OF THIS APPLICATION ARE COMPLETED