



Cantiague Figure Skating Club

FREESTYLE TEST CREDIT APPLICATION

www.cfscskatingclub.org



Name: _____ USFSA # _____
Address: _____ Phone: () _____
City: _____ State: _____ Zip: _____ Male: ☐ Female: ☐
Parent/Guardian Name: _____ Email Address: _____
Name of Competition: _____ Date of Competition: _____
Your Pro's Name(s): _____ Phone: () _____
** Pro's Email: _____ PRO USFSA # _____ PSA # _____

Please submit a separate application for each Test. You have 14 days from the date of competition to submit the paperwork. Please write the test level and the skater's name in the check memo.

FREESTYLE, PAIRS and DANCE (circle test)

Juvenile Freestyle	\$25	Juvenile Free Dance	\$25
Intermediate Freestyle	\$25	Intermediate Free Dance	\$25
Novice Freestyle	\$25	Novice Free Dance	\$25
Junior Freestyle	\$25	Junior Free Dance	\$25
Senior Freestyle	\$25	Senior Free Dance	\$25
Adult Gold Freestyle	\$25		

SUBMIT this application and full payment (checks made payable to **Cantiague FSC**) along with the documentation received from the competition (listed below) to: **Karen Anzalone, 1905 Gormley Avenue, Merrick, NY 11566**

- The Event Results, including the names and signatures of the Event Referee and Technical Controller
- Your individual protocol
- Your Test Credit Skater Report from the competition

I acknowledge that my membership and ice fees are current. I hereby certify that the test listed above has been unaltered and state correct scores, which match the protocol I am submitting. I understand that altering a protocol sheet to meet the test requirement is considered an ethics violation of U.S. Figure Skating.

Signature of Skater (Parent or guardian if skater is under 18) _____

I verify that the athlete listed above is eligible to receive Test Credit through IJS protocol. I have seen the unaltered and correct scores, which match the protocol the athlete is submitting. I understand that altering a protocol sheet to meet the test requirement is considered an ethics violation of U.S. Figure Skating and The Professional Skaters Association.

Signature of Skating Professional _____

Amount Paid _____ Check # _____ Postmark Date _____

***** Credit cards not accepted (5/2018)