

BC COAST JUDGES BUREAU HIGH TEST APPLICATION

NAME OF APPLICANT _____ S.C.# _____

HOME CLUB OF SKATER Sungod Skating Club CLUB #1000636

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 _____
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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 |
| CLUB ADMINISTRATION FEE | \$2.00 PER EACH APPLICATION |
| PLUS APPLICATION FEE (JUDGES BUREAU) | \$7.00 FOR EACH TEST |
| | CATEGORY APPLIED FOR |

The Sungod 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 Grace Graham _____ PHONE# 604-596-5388

PLEASE ENSURE ALL PARTS OF THIS APPLICATION ARE COMPLETED

(revised July 2009)