



Postmark Date: _____
Check # _____

Burnsville-Minnesota Valley Figure Skating Club
DANCE/PAIRS TEST APPLICATION**

Name of Skater _____

Name of Pair if taking a Pairs test _____

Mailing Address _____

City _____ State _____ Zip _____

Home Club _____ **U.S. Figure Skating #** _____

Telephone _____

E-mail address _____

Test(s) Requested _____

**(Non Home Club Members should include a letter of permission from your home club test chair.)
*****TEST FEES WILL NOT BE REFUNDED AFTER DEADLINE*******

I verify, to the best of my ability, that this skater is prepared to test at this level.

Professional name (please print) _____ E-mail address _____

Signature of Professional _____ Date _____

Signature of Parent/Guardian _____ Date _____

*** APPLICATIONS MUST BE *POSTMARKED TWO* WEEKS PRIOR TO TEST DATE
or a \$25 late fee will be assessed ***

**** *Each skater in the pairs must complete an application and each pay the appropriate listed fee below*****

A late application will only be received upon approval of the test chair(s), along with a \$25 late fee.

TEST FEES:

	HOME CLUB	ASSOCIATE	NONMEMBER
Each Dance/Pairs	\$25.00	\$35.00	\$45.00

TESTING WILL TAKE PLACE ONLY IF A QUALIFIED JUDGE IS ABLE TO BE SCHEDULED

TEST FEES ARE NOT REFUNDED IF TEST IS NOT PASSED.

Mail Application to:
BMVFSC c/o Sandy Cramer
4205 Chestnut Lane N.E. Prior Lake, MN 55372
Questions: (952) 440-5307 or scramer63@gmail.com