



Test Application Permission Form

If you are not a home club member of SCFSC – please have your home club representative (Club President, Test Chair) complete this form and upload it to this registration or email it to SCFSC Test Chair (scfsc.testchair@gmail.com), at least 48 hours prior to the test date.

Skater Name _____ USFS # _____

The above skater has my permission to test with SCFSC on the following date

_____.

The above skater is a member in good standing of:

_____ (Skater's home club)

_____ (Home Club Representative Signature)

_____ (Home Club Representative Phone #)

_____ (Home Club Representative Email)

_____ (Current Date)