

**Sioux Falls Figure Skating Club**  
**Permission to Test out of home club**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home Club: \_\_\_\_\_

The above-named skater has the permission to test with

Sioux Falls FSC on (mm/dd/yyyy) \_\_\_\_\_

Test Chair (print) \_\_\_\_\_

Signature \_\_\_\_\_