

# Canterbury Masters Figure Skating Club (Inc)

## NZIFSA Test Application Form

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

Address: \_\_\_\_\_ T/C Reg No: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Coach: \_\_\_\_\_ Coach Signature: \_\_\_\_\_

Standard                      Adult      (Circle one)

1 NZIFSA Test Applied for: \_\_\_\_\_ Test Fee: **\$35.00**

2 NZIFSA Test Applied for: \_\_\_\_\_ Test Fee: **\$35.00**

**Plus Test 1 Ice Time Fee: \$35.00**

**Plus Test 2 Ice Time Fee: \$35.00**

**Total Fees Enclosed: \$ \_\_\_\_\_**

All NZIFSA Test Fees are set by the NZIFSA at \$35 per test. In addition to the test fee, an ice time fee of \$35 is charged by CMFSC for any type of test (dance, stroking, freeskate).

Up to 2 Tests may be taken on the same day. Additional tests may be taken on the same day at the discretion of the T & C Secretary & applicable fees will be charged. If doing tests on separate days, then a separate form for each test is required and the full ice time fee is applicable for each day.

### **All Fees payable to: CMFSC (Canterbury Masters Figure Skating Club (Inc)).**

If paying by direct credit the CMFSC account number is 02 1235 0018998-00. Please note your name in reference and email Arnold Schmidt (CMFSC Treasurer) at [arnoldandvalda@gmail.com](mailto:arnoldandvalda@gmail.com) and cc Jeanette King (CMFSC Test & Competition Secretary) at [jmking678@gmail.com](mailto:jmking678@gmail.com) when you have made your payment.

### **Instructions to Skaters:**

1. The Skater shall complete the form in consultation with their coach and email to [jmking678@gmail.com](mailto:jmking678@gmail.com) or hand to the Test & Competition Secretary, Secretary, or President of the CMFSC, no later than 21 days prior to the test date.
2. Applications are not valid if they are submitted without the correct fee or without a current T/C number shown.
3. If a skater withdraws from a test less than 7 days from the test date, the fees paid are not refundable except at the discretion of the CMFSC (e.g. consideration may be given for illness or injury).

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Skater or Parent if <18 yrs old)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Club Secretary, President or Test & Competition Secretary)