Skating Club of Jackson Hole (SCJH) Test Application

Student's Name:_____Test Date: 12/26/25 Application Deadline: 12/19/25

Coach's Signature:_____ Coach's Phone:_____

Coach's Name (printed):_____Coach's Email:_____

Permission

This letter certifies that _____, _____,

(name of member) (member #)

is a member in good standing of the Skating Club of Jackson Hole (SCJH)

This permission is for the following event(s):

☐ Tests

_____ Skating Skills _____
(date last tested)

_____ Free Skating _____
(date last tested)

To be hosted by:SCJH
Permission valid through: 3/5/26

_____ _____

Signature of Club Official Date

TEST INFORMATION AND POLICIES

1.Test skater must be a member of the United States Figure Skating and have passed prerequisite tests

2. Skater's coach must be certified by U.S.F.S. (Certification through N.C.S.1.)

3. Test application must be filled in completely and fees must accompany application in order to be accepted.

4. Forms are asked to be scanned and emailed to skatingclubofjh@gmail.com on or before 12/19/25

5. Test fees are non-refundable after submittal.

6. SCJH's Members may be asked to bring food for judge's meal (if judge is present).

7. Late applications accepted on conditional basis - $15 late fee to each test will be apply after posted due date.

8. Skater must be in the rink and ready to test at least thirty minutes before their scheduled warm-up time.

9. Non-member tests will not be accepted.

10. The fees stated below do not include what fees that are agreed/due to your coach for his or her time.

SCJH's Skaters Information & Fee's

Skater's Name: _____

USFS#: _____

City:_____ State:_____ Zip:_____

Email:_____
Home Club: SCJH

Test Fees

Check test to be taken and total the fees below. ***ALL TEST WILL BE DONE VIRTUALLY On Your Own Time!***

Skating Skill Standard- ***Moves in the Field***

☐	**Pre- Preliminary**	**$50.00**
☐	**Preliminary**	**$55.00**
☐	***Pre-Juvenile*** **(PBSS)**	**$60.00**
☐	***Juvenile*** **(BZSS)**	**$60.00**
☐	***Intermediate*** **(PSSS)**	**$65.00**
☐	***Novice*** **(SVSS)**	**$70.00**

Singles Standard- ***Freestyle***

☐	**Pre- Preliminary**	**$50.00**
☐	**Preliminary**	**$55.00**
☐	***Pre-Juvenile*** **(PBSI)**	**$55.00**
☐	***Juvenile*** **(BZSI)**	**$60.00**
☐	***Intermediate*** **(PSSI)**	**$60.00**
☐	***Novice*** **(SVSI)**	**$65.00**

Test Fees: $_____
$_____
$_____

USFS Fee ($6.00 Per Test): $_____
$15.00 Late Fee $_____

Total in Fees $_____

☐ **Check (make payable to SCJH with test session & Skaters name on the info line)**

☐ **Venmo (Please include test session and skaters name in the venmo) Date Venmo Sent:_____**

Questions:
Call: 307.200.1356
Email: skatingclubofJH@gmail.com

All Test will be done virtually.
please complete releases including the top section (coaches info and above) of the affidavit and include the forms (videographer, proctor) with your registration.