



**CAROUSEL SHERWOOD FIGURE SKATING CLUB**  
**2018-2019 TEST REIMBURSEMENT FORM** rev 1/20/19

For tests passed between June 16, 2018 and June 15, 2019

Skater taking test: \_\_\_\_\_

Check Payable to: \_\_\_\_\_

**Test Reimbursement – 50%**

Please list the date	Name of test taken	Cost of Test
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Cost of Test(s): \_\_\_\_\_ x .50 = Total Reimbursement

Total reimbursement requested: \_\_\_\_\_

Send Check To: \_\_\_\_\_  
\_\_\_\_\_

Signature Skater/Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by Test Chair: \_\_\_\_\_ Date: \_\_\_\_\_

Submit to Club Treasurer in Club mailbox no later than June 20, 2019

**For Treasurer Use:**

Date Paid: \_\_\_\_\_ Check no: \_\_\_\_\_

Notes: \_\_\_\_\_

Treasurer Signature: \_\_\_\_\_