

Oregon Skating Council, Inc.

4840 SW Western Ave, #70, Beaverton, Oregon 97005



2018 Test Session Summary Report

Attn: OSC Test Chairs

You must submit the summary report
whether requesting reimbursement or not

The division of funds will be decided at the time all reimbursement forms are received
by the OSC Treasurer, and based upon available funds except testing fees from Entryzee

OSC Member Clubs (check one): BIFSC _____ CSFSC _____ EFSC _____ PISC _____ SCORE _____ SOFSC _____

Mailing Address	Test Date	Test Location

I. TEST SESSION INCOME

STANDARD	MIF	Qty	Total	FS	Qty	Total	Pair/Tester	Qty	Total	DANCE (Each)	Qty	Total	
Pre Pre	\$45		\$ -	\$30		\$ -	n/a		n/a	Preliminary	\$ 25	\$ -	
Preliminary	\$70		\$ -	\$35		\$ -	n/a		n/a	Pre Bronze	\$ 35	\$ -	
PreJuvenile	\$70		\$ -	\$45		\$ -	\$ 35		\$ -	Bronze	\$ 35	\$ -	
Juvenile	\$80		\$ -	\$50		\$ -	\$ 40		\$ -	Pre Silver	\$ 35	\$ -	
Intermediate	\$80		\$ -	\$50		\$ -	\$ 45		\$ -	Silver	\$ 40	\$ -	
Novice	\$80		\$ -	\$50		\$ -	\$ 45		\$ -	Pre Gold	\$ 45	\$ -	
Junior	\$80		\$ -	\$55		\$ -	\$ 55		\$ -	Gold	\$ 45	\$ -	
Senior	\$80		\$ -	\$55		\$ -	\$ 55		\$ -	International	\$ 45	\$ -	
ADULT	MIF	Qty	Total	FS	Qty	Total	Pair/Tester	Qty	Total	Juvenile Free	\$ 45	\$ -	
Pre Bronze	\$60		\$ -	\$35		\$ -	n/a		n/a	Intermediate Free	\$ 45	\$ -	
Bronze	\$60		\$ -	\$40		\$ -	\$ 35		\$ -	Novice Free	\$ 50	\$ -	
Silver	\$80		\$ -	\$45		\$ -	\$ 40		\$ -	Junior Free	\$ 55	\$ -	
Gold	\$80		\$ -	\$50		\$ -	\$ 50		\$ -	Senior Free	\$ 55	\$ -	
Total Fees			\$ -	Enter Amount Collected (Right)						\$ -	OSC Reimbursement		\$ -

II. MEMBER CLUB'S EXPENSES

Number of hrs ice	Ice Cost per Hour	Sub Total	Number of Tests	USFS Test Fees	Sub Total
		\$ -	0		\$ -
Officials / Volunteers Hospitality					
Club expenses:			In-kind donation:		
Total Member Club's Expenses:					\$ -

III. OUT OF AREA JUDGES' TRAVEL EXPENSES

Reimbursement request (please check one, copies of receipts must be attached): Yes _____ No _____

Name	Lodging	Transportation	Sub Total	Comments
			\$ -	
			\$ -	
			\$ -	
			\$ -	
Total Out of Area Judges' Expenses:			\$ -	

Please mail completed form to:

Signature: _____

Karen Wu

Email: treasurer@oregonskating.org

Member Club's Test Chair

For office use only:

Total Amount Approved: _____ Check# _____ Dated _____

Check payable to: _____