



AMERICAN VAULTING ASSOCIATION APPLICATION FOR MEDAL TESTING

INSTRUCTIONS: Type or print clearly. Make check payable to AVA. Keep gold copy for your records. Return top three copies to the Medal Test Secretary along with the appropriate fees. INCORRECT APPLICATIONS will be returned. Late fees will apply.*
(Please send one (1) club check to cover all fees.)

Posted

NAME OF CLUB: _____

LIST OF CLUB MEMBERS TO BE TESTED

Office Use	NAME	AGE	MEDAL TEST REQUESTED	Office Use
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

DATE REQUESTED FOR TEST: _____

PLACE: _____ JUDGE: _____

I certify that ALL vaulters listed on this application are current members in good standing of the AVA.

SIGNED: _____
(Name of Preparer) (Date)

MAILING ADDRESS FOR MEDALS & CERTIFICATES: _____

Email address: _____

1/10/2013

(FOR AVA MEDAL TEST OFFICE USE ONLY)

SCORE	DATE APPLICATION RECEIVED: _____																											
1 _____	EXAMINATION DATE: _____																											
2 _____	EXAMINER ASSIGNED: _____																											
3 _____	TEST FEES RECEIVED: _____																											
4 _____	DATE MATERIALS SENT: _____																											
5 _____	DATE CERTIFICATES SENT: _____																											
6 _____	NUMBER OF PINS, MEDALS, BARS & RIBBONS SENT:																											
7 _____	<table border="1"> <thead> <tr> <th></th> <th>Left</th> <th>Right</th> </tr> </thead> <tbody> <tr><td>Novice Pins</td><td></td><td></td></tr> <tr><td>Trot Medals</td><td></td><td></td></tr> <tr><td>Copper Medals</td><td></td><td></td></tr> <tr><td>Bronze Medals</td><td></td><td></td></tr> <tr><td>Silver Medals</td><td></td><td></td></tr> <tr><td>Gold Medals</td><td></td><td></td></tr> <tr><td>Bars</td><td></td><td></td></tr> <tr><td>Ribbons</td><td></td><td></td></tr> </tbody> </table>		Left	Right	Novice Pins			Trot Medals			Copper Medals			Bronze Medals			Silver Medals			Gold Medals			Bars			Ribbons		
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FEES: \$25.00 - TROT, COPPER, BRONZE, SILVER, GOLD
\$15.00 - NOVICE

* LATE FEE: \$10.00 for each medal. (If application is received less than 30 days before Medal Test, late fees apply.) Please use the original padded mailing envelope for returning unused materials.

If you prefer to pay by credit card, check here and we will send you payment options _____

TOTAL AMOUNT ENCLOSED: \$ _____

MAIL TO MEDAL TEST SECRETARY
Toni Amoroso (805) 990-3331
2168 Royal Ave, Simi Valley, CA 93065