

North Suburban Figure Skating Club

TEST APPLICATION 2005-2006

Test Date: December 1, 2005

App. Due Date: November 18, 2005

Note: The applicant is responsible for having this application filled out completely and accurately. Please be sure to have all required signatures, fees and USFSA number this application. If the skater is under 18 years of age, a parent signature is required. All test applications with missing information will be considered invalid, and will be discarded.

Name _____ USFSA# _____
Address _____ Phone # _____
City/Zip _____ E-Mail Address _____
Home Club _____ Last Test Passed and Date _____

CAREFULLY CIRCLE TEST(S) TO BE TAKEN

MOVES IN THE FIELD

Pre-preliminary.	\$10
Preliminary.	\$15
Pre Juvenile	\$25
Juvenile.	\$30
Intermediate	\$40
Novice	\$45
Junior	\$50
Senior	\$55

FREESTYLE

Pre-preliminary.	\$10
Preliminary	\$15
Pre Juvenile	\$20
Juvenile	\$25
Intermediate	\$30
Novice	\$35
Junior	\$45
Senior	\$50

ADULT MOVES

Pre-Bronze	\$20
Bronze	\$25
Silver	\$35
Gold	\$45

ADULT FREESTYLE

Bronze	\$25
Silver	\$40
Gold	\$55

PAIRS/PER SKATER

Preliminary.....	\$10
Juvenile.....	\$15
Intermediate.....	\$20
Novice.....	\$30
Junior.....	\$45
Senior.....	\$50

PRELIMINARY DANCE

Dutch Waltz	\$10
Canasta Tango	\$10
Rhythm Blues	\$10

PRE-BRONZE DANCE

Swing Dance	\$10
Cha-Cha	\$10
Fiesta Tango	\$10

BRONZE DANCE

Hickory Hoedown...	\$15
Willow Waltz	\$15
Ten Fox	\$15

PRE-SILVER DANCE

Fourteenstep \$20
European Waltz . . . \$20
Foxtrot \$20

SILVER DANCE

American Waltz . . . \$25
Harris Tango \$25
Rocker Foxtrot . . . \$25

PRE GOLD DANCE

Kilian \$30
Blues..... \$30
Pase Doble..... \$30
Starlight Waltz.....\$30

NAME OF PAIRS/DANCE PARTNER _____ USFSA# _____

TEST FEES

Moves in the Field \$ _____

Freestyle \$ _____

Dance \$ _____

Judges Food Fee \$ 10.00 Paid by all skaters.

Out of Club Fee \$ 15.00 Paid by all skaters who are **not** NSFSC, FSCB or BRBFSC home club members.

Total Test Fees \$ _____

Please make checks payable to NSFSC.

Signature of Applicant/Parent

Signature of Professional

Professional Email Address

Professional's Phone Number

****THIS IS TO CERTIFY THAT THE APPLICANT FOR THIS TEST IS A MEMBER IN GOOD STANDING OF THE HOME CLUB AS INDICATED, AND IS ELIGIBLE, TO THE BEST OF MY KNOWLEDGE, TO TAKE THE TEST(S) APPLIED FOR:**

Signature of Test Chair

Test Chair's Phone Number

Please mail application and test fees to:

<p>Joanne York 2423 Linwood Royal Oak, MI 48073</p>
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No refunds will be issued unless the test day is cancelled.
www.nsfsc.org jyork0766@aol.com