



Greater Grand Rapids Figure Skating Club Test Application

Test Date: _____

Name: _____ USFSA #: _____ Age: _____

Birth Date: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone: _____ Email: _____

GGRFSC Member ? _____ Yes _____ If no, Home Club: _____

**Non-GGRFSC members must pay out of club fee of \$25 per test session.*

Dancers specify: _____ Solo: _____ Adult: _____

Name of partner: _____

<u>Field Moves</u>	
Pre-Preliminary \$25.00	_____
Preliminary \$35.00	_____
Pre-Juvenile \$40.00	_____
Juvenile \$40.00	_____
Intermediate \$45.00	_____
Novice \$50.00	_____
Junior \$55.00	_____
Senior \$60.00	_____
<u>Adult Moves</u>	
Pre-Bronze \$40.00	_____
Bronze \$45.00	_____
Silver \$50.00	_____
Gold \$60.00	_____
<u>Freeskate</u>	
Pre-Preliminary \$20.00	_____
Preliminary \$25.00	_____
Pre-Juvenile \$30.00	_____
Juvenile \$35.00	_____
Intermediate \$40.00	_____
Novice \$45.00	_____
Junior \$50.00	_____
Senior \$55.00	_____
<u>Adult Freeskate</u>	
Pre-Bronze \$25.00	_____
Bronze \$35.00	_____
Silver \$45.00	_____
Gold \$55.00	_____
<u>Pairs (Per Tester)</u>	
Preliminary \$20.00	_____
Juvenile \$25.00	_____
Intermediate \$30.00	_____
Novice \$35.00	_____
Junior \$40.00	_____
Senior \$50.00	_____

<u>Dance</u>	
Preliminary \$20 Each	
Dutch Waltz	_____
Canasta Tango	_____
Rhythm Blues	_____
Pre-Bronze \$25 Each	
Swing Dance	_____
Cha Cha	_____
Fiesta	_____
Bronze \$25 Each	
Hickory Hoedown	_____
Willow Waltz	_____
Ten Fox	_____
Pre-Silver \$30 Each	
14 Step	_____
European Waltz	_____
Foxtrot	_____
Silver \$35 Each	
American Waltz	_____
Harris Tango	_____
Rocker Foxtrot	_____
Pre-Gold \$35 Each	
Killian	_____
Blues	_____
Paso Doble	_____
Gold/International \$40 Each	
1.	_____
2.	_____
3.	_____
4.	_____
Free Dance	
Juvenile \$25.00	_____
Intermediate \$30.00	_____
Novice \$35.00	_____
Junior \$40.00	_____
Senior \$50.00	_____

Applications: Make sure your application is filled out completely and accurately. Fees must accompany the application and both must be delivered to the Jenifer VanZanten's Test Chair Envelope in the club room before the deadline for the test.

Mailed applications should be sent directly to Jenifer VanZanten and arrive before the deadline.

Credits: Fees from cancelled tests will be credited only if the cancellation is requested before the schedule is completed.

Special Requests: Any special requests for scheduling on the test day should be noted on the test form. We may or may not be able to honor a request, but we will try when possible. If a request has a substantial impact on the cost of a test session you may be charged for the excess.

USFSA Number: Your USFSA membership must be active at the time of testing. PLEASE REMEMBER TO PUT THIS ON YOUR TEST APPLICATION. If you do not yet have a number, write "pending" in the place of your number.

Schedule: Generally test schedules are posted no later than one week prior to the test session. However testers are advised to recheck the schedule the day before testing, Sometimes late changes are unavoidable.

Out-Of-Club Members: You must have permission from your home club to test outside your club. Please accompany this application with a letter from your home Club Test Chair indicating that you are a member in good standing and eligible to take the requested tests on the date of our session. Out of Club tests will be scheduled only as time is available.

On The Test Day: Arrive at the test session approximately one hour ahead of your scheduled time in case last minute changes must be made. While you and your friends are waiting to test, stay away from the ice door and keep noise levels down. Listen for instructions from the Test Chair, the Judges, or your Coach.

Questions For Judges: Remember that the judges are here to help you improve. If a comment is unclear, your coach may request clarification of comments or additional feedback from the judges.

Report Forms: Judging sheets and copies will be delivered to the skaters and coaches as soon as all scores are checked and recorded. The copies are for the skater's own records. The originals must be stay on file with the club.

Mail Competed Test Form to:

GGRFSC Test Chair
C/O Jenifer VanZanten
1082 Colonial Court
Holland, MI 49423

Fee Total Calculation

Total for all tests _____

Judges Fee + \$10

*Out of Club Fee (+\$25) _____

Check Number _____

Total Enclosed _____

Please make checks payable to Greater Grand Rapids Figure Skating Club.

Coach Signature: _____

Approval of Test Chair or Club Officer: _____

Skater Signature: _____ Date: _____

Parent/Guardian Signature (if skater is under 18 yrs. Of age):
_____ Date: _____