

CITY OF PALMS FSC - TEST APPLICATION

Name: _____ USFSA # _____

Address: _____ City/State/Zip _____

Home Club: _____ Phone# _____

Highest Test Passed: _____ MIF _____ FS _____ Dance _____ Pairs _____

Moves in the Field	\$	Free Skate	\$
Pre-Preliminary	50	Pre-Preliminary	35
Preliminary	55	Preliminary	40
Pre-Juvenile	60	Pre-Juvenile	45
Juvenile	65	Juvenile	50
Intermediate	70	Intermediate	55
Novice	75	Novice	60
Junior	80	Junior	65
Senior	85	Senior	70
Adult Pre-Bronze	50	Adult Pre-Bronze	35
Adult Bronze	55	Adult Bronze	40
Adult Silver	60	Adult Silver	45
Adult Gold	65	Adult Gold	50

Pairs Tests Same fees apply as level tests above/ per skater

Dance - Circle Dances you wish to test - fees are per skater

Juvenile Free	50	
Preliminary	40 each /\$100 all	Dutch Waltz Canasta Tango Rhythm Blues
Intermediate Free	55	
Pre-Bronze	45 each/\$115 all	Swing Dance Cha Cha Fiesta Tango
Bronze	50 each/\$130 all	Hickory Hoe Down Willow Waltz Ten Fox
Novice Free	60	
Pre-Silver	55 each/\$145 all	14 Step, European Waltz Fox Trot
Silver	60 each/\$160 all	American Waltz Tango Rocker Fox Trot
Junior Free	65	
Pre-Gold	65 each/\$175 all	Kilian Blues Paso Doble
Gold	70 each/\$190 all	Viennese Waltz, Westminster Waltz Quick Step Arg. Tango

In making this application, I understand that it is a privilege to belong to a member club of the United States Figure Skating Association. I will abide by the rules set forth in the current USFSA Rule Book regarding test procedures and membership. I will practice good sportsmanship and will be considerate of all those testing, the persons running the tests and the judges.

Signature of Test Candidate

Parent/Guardian (if applicant is under 18)

I affirm that this skater is fully prepared to pass the test(s) indicated on this application

Signature of Coach

Date

If the skater is testing outside of his or her home club, permission to test from the home club is required.

Signature of Home Club Test Chair

Date

Print Name HC Test Chair

E-mail HC Test Chair

Test slots will be filled on a first come, first served basis. Fees are listed next to each test level; non club members should multiply the fees by 1.5. ***CPFSC participates in reciprocal testing with several other clubs. If your club offers test reciprocity, fees are the same as our home club members.*** Test fees are nonrefundable. If you are requesting contingent tests and fail to pass the first test, you will be unable to take the contingent test and fees will not be refunded or applied to a future test. Fees are due upon receipt of application. ***NO APPLICATION SHALL BE CONSIDERED COMPLETE UNLESS ACCOMPANIED BY CHECK.***

Test fees	_____
Non Home -Club Members Multiply by 1.5	_____
Hospitality fee	_____ 5.00
Total Due	_____

Submit application to: Andrea Meyer P. O. Box 6657, Fort Myers, FL 33911