

Frederick Figure Skating Club Test Application

MARCH 1, 2005 thru DECEMBER 31, 2005

Date of Test Session _____ USFSA # _____

Name: _____ Phone: _____

Address: _____ *Home Club: _____

City: _____ State: _____ Zip: _____

*If your USFSA home club *is not* the FFSC, a letter of permission from your test chairperson must accompany application.

<u>Freeskating</u>		<u>Moves in the Field</u>		<u>Dance Tests</u>				
All tapes must be rewound and labeled with skater's name and test!		Pre-Preliminary	\$20 _____	Adult _____	Masters _____	Solo _____		
Pre-Preliminary	\$20 _____	Preliminary	\$30 _____	Preliminary	\$20ea.	DW	CT	RB
Preliminary	\$30 _____	Pre-Juvenile	\$30 _____	Pre-Bronze	\$25ea.	SD	CC	FIT
Pre-Juvenile	\$30 _____	Juvenile	\$35 _____	Bronze	\$30ea.	HH	WIW	TF
Juvenile	\$30 _____	Intermediate	\$35 _____	Pre-Silver	\$35ea.	14S	EW	FT
Intermediate	\$35 _____	Novice	\$40 _____	Silver	\$35ea.	AW	T	RF
Novice	\$35 _____	Junior	\$45 _____	Pre-Gold	\$40ea.	PD	K	BL
Junior	\$40 _____	Senior	\$50 _____	Gold	\$40ea.	VW	WW	QS AT
Senior	\$45 _____			Who will be your partner ? _____				
Adult Pre-Bronze	\$20 _____	Adult Pre-Bronze	\$20 _____	Indicate the level this dance test completes:				
Adult Bronze	\$25 _____	Adult Bronze	\$30 _____	Preliminary	_____	Pre-Bronze	_____	
Adult Silver	\$30 _____	Adult Silver	\$35 _____	Bronze	_____	Pre-Silver	_____	
Adult Gold	\$35 _____	Adult Gold	\$40 _____	Silver	_____	Pre-Gold	_____	
				Gold	_____			

TEST FEE \$ _____

Late Fee (\$40) \$ _____

Ice fee for non FFSC members (\$50) \$ _____

JUDGES HOSPITALITY \$ 3.00

TOTAL FEES \$ _____

All entries **MUST BE POSTMARKED 2 WEEKS** prior to the test date.

All late applications, if accepted, will be charged a \$40 late fee. In the event that the test session fills up, applications will be accepted on a first come – first served basis.

NO REFUNDS FOR CANCELLATIONS AFTER DUE DATE, EXCEPT INJURY OR ILLNESS.

Please make checks payable to: Frederick Figure Skating Club

Mail Application to:

F.F.S.C.
Attn: Diana, Test Chair
PO Box 3824
Frederick, MD 21705

PLEASE NOTE:

A \$25 FEE WILL BE CHARGED FOR ALL CHECKS RETURNED BY THE BANK.

Coach's Signature _____
(Required)

Parent/Guardian's Signature _____
(For skaters under 18)

CLUB Use Only: Date Postmarked: _____ Letter of Permission attached: Y N
Late Fee : Y N Non Member Fee : Y N
Total Amount: \$ _____ Check # : _____