

Fees: _____ Test: _____ Misc: _____ Food: _____ Total: _____ Check #: _____ Date: _____

DEARBORN FIGURE SKATING CLUB
Freestyle, Moves, Pairs, Dance, and Adult Freestyle Test Application

Test Date _____
 Name _____ USFSA # _____ E-Mail _____
 Address _____ City _____ Zip _____ Phone # _____
 Home Club _____ Are You a DFSC Second Club Member? Yes _____ No _____
 Test To Be Taken _____ Last Test Taken _____ Date _____

IF YOU WISH YOUR SCHOOL TO BE INFORMED, FILL IN THE FOLLOWING:
 School Name _____ Principal's Name _____
 School Address _____ City/Zip _____

Please Check Test(s) To Be Taken:

FREESTYLE			FIELD MOVES			DANCE		
Pre-Preliminary	10.00		Pre-Preliminary	15.00		Preliminary	10.00	
Preliminary	15.00		Preliminary	20.00		Pre-Bronze	10.00	
Pre-Juvenile	20.00		Pre-Juvenile	25.00		Bronze	15.00	
Juvenile	25.00		Juvenile	30.00		Pre-Silver	15.00	
Intermediate	30.00		Intermediate	35.00		Silver	20.00	
Novice	35.00		Novice	40.00		Pre-Gold	25.00	
Junior	40.00		Junior	45.00		Gold	35.00	
Senior	50.00		Senior	55.00		*Fees are per dance*		

PAIRS			ADULT FREESTYLE		
Preliminary	15.00		Pre-Bronze	25.00	
Juvenile	20.00		Bronze	35.00	
Intermediate	25.00		Silver	45.00	
Novice	30.00		Gold	50.00	
Junior	40.00				
Senior	50.00				
Fees are per skater					

IF TESTING PAIRS/DANCE: NAME OF PARTNER _____ USFSA# _____
 DOES PASSING THIS TEST COMPLETE THE SET OF DANCES: Yes _____ No _____
 WILL APPLICANT SOLO? Yes _____ No _____

PLEASE INCLUDE \$10.00 FOOD FEE WITH APPLICATION PER CANDIDATE.
OUT OF CLUB FEE \$20.00 FOR NON-MEMBERS **LATE FEE \$20.00 IF LESS THAN 14 DAYS PRIOR TO TEST**
 APPLICATIONS MUST BE COMPLETED AND RETURNED AT LEAST 14 DAYS PRIOR TO THE TEST SESSION. APPLICATIONS MUST BE COMPLETE AND INCLUDE ALL OF THE APPROPRIATE FEES. NO REFUNDS. PARENT/GUARDIAN SIGNATURE REQUIRED IF SKATER IS UNDER 18 YEARS OF AGE. IF APPLICANT IS NOT A MEMBER OF DFSC, PERMISSION TO TEST AND PROFESSIONAL'S SIGNATURE ARE REQUIRED.
 THE APPLICANT IS IN GOOD STANDING AND QUALIFIED TO TAKE THIS TEST

Parent/Guardian _____ Professional _____
 SIGNATURE SIGNATURE
 Test Chair _____
 SIGNATURE Name and Address of Home Club Test Chair _____