

Test Date: _____
 Due Date: _____

DEARBORN FIGURE SKATING CLUB

Test Application

Name:	USFS#:	Age:
Address:	City:	State:
Zip:	Email:	
Home Club:		
Last Test Passed:		
Name of Partner:	USFS#:	

This is to certify that the applicant for this test is a member in good standings of the Home Club as indicated, and is eligible, to the best of my knowledge, to take the tests) applied for:

Signature of Test Chair: _____

Test Chair's Phone Number: _____

MOVES IN THE FIELD	
Pre-Preliminary	\$20.00
Preliminary	\$25.00
Pre-Juvenile	\$30.00
Juvenile	\$35.00
Intermediate	\$45.00
Novice	\$50.00
Junior	\$55.00
Senior	\$65.00
ADULT MOVES IN THE FIELD	
Pre Bronze	\$25.00
Bronze	\$35.00
Silver	\$45.00
Gold	\$60.00

FREESTYLE	
Pre-Preliminary	\$15.00
Preliminary	\$20.00
Pre-Juvenile	\$25.00
Juvenile	\$30.00
Intermediate	\$35.00
Novice	\$40.00
Junior	\$50.00
Senior	\$60.00
ADULT FREESTYLE	
Pre Bronze	\$25.00
Bronze	\$35.00
Silver	\$45.00
Gold	\$60.00

DANCE: (PER SKATER)	
Preliminary	
Dutch Waltz	\$12.00
Canasta Tango	\$12.00
Rhythm Blues	\$12.00
PreBronze	
Swing Dance	\$15.00
Cha Cha	\$15.00
Fiesta Tango	\$15.00
Bronze	
Hickory Hoedown	\$18.00
Willow Waltz	\$18.00
Ten Fox	\$18.00
PreSilver	
Fourteenstep	\$20.00
European Waltz	\$20.00
Foxtrot	\$20.00
Silver	
American Waltz	\$25.00
Tango	\$25.00
Rocker Foxtrot	\$25.00
PreGold	
Paso Doble	\$30.00
Kilian	\$30.00
Blues	\$30.00
Starlight Waltz	\$30.00
Gold	
Viennese Waltz	\$35.00
Westminister Waltz	\$35.00
Quickstep	\$35.00
Argentine Tango	\$35.00

International Dance	
Austrian Waltz	\$45.00
Cha Cha Congelado	\$45.00
Golden Waltz	\$45.00
Midnight Blues	\$45.00
Ravensburger Waltz	\$45.00
Rhumba	\$45.00
Silver Samba	\$45.00
Tango Romantica	\$45.00
Yankee Polka	\$45.00

FREE DANCE (PER SKATER)	
Preliminary	\$20.00
Bronze	\$30.00
Silver	\$40.00
Gold	\$50.00

PAIRS: (PER SKATER)	
Preliminary	\$20.00
Juvenile	\$25.00
Intermediate	\$30.00
Novice	\$40.00
Junior	\$55.00
Senior	\$60.00
Adult Bronze	\$35.00
Adult Silver	\$45.00
Adult Gold	\$60.00

Total Cost of Test(s): \$ _____
 \$20.00 out of club fee \$ _____
 \$15.00 Judges Fee: \$ _____
 Total Amount Enclosed: \$ _____

Cash: _____ Check: _____ Date: _____

There will be a \$40 fee for any returned checks.

Make Check Payable To:
 Dearborn Figure Skating Club

Mail Application To:
 JoAnn Eastman
 42545 Whitehart Blvd.
 Canton, Mi. 48188

 Signature of Applicant/Parent

 Signature of Coach

 Coach's Phone Number

PLEASE NOTE: No refunds will be given unless test is cancelled. Applicant is responsible to have application filled out completely and accurately as well as submitted by due date (10 days prior to the test). Failure to do so will result in refusal of application by test chair. Revised: 3/25/18.