

The North County Figure Skating Club – Singles/Pairs Test Application

Please ensure to fill out the form COMPLETELY. Incomplete forms will NOT be accepted. All applications must be approved and signed by the coach and parent/guardian, if candidate is under 18 years of age. **Skater responsible for accuracy of all information on form.**

Test Location you are requesting: Iceplex, Escondido_____ Icetown, Carlsbad_____

Name _____ Test Date you are requesting ____/____/____

Address _____ City _____ State _____ Zip Code _____

Telephone () _____ Home Club _____ USFSA # _____

If your Home Club is not The North County Figure Skating Club, you must have your Club complete the following section

This certifies that _____ is a member in good standing of _____ and has permission to test on the above date. Signature of Home Club Board member _____

Please check the tests that you are requesting to test, ensuring that you qualify to take the test

MIF		Free Skating		Pairs (per skater)	
___ Pre-Preliminary	\$23.00	___ Pre-Preliminary	\$23.00	___ Preliminary	\$23.00
___ Preliminary	\$23.00	___ Preliminary	\$23.00	___ Juvenile	\$25.00
___ Pre-Juvenile	\$25.00	___ Pre-Juvenile	\$25.00	___ Intermediate	\$27.00
___ Juvenile	\$25.00	___ Juvenile	\$25.00	___ Novice	\$30.00
___ Intermediate	\$27.00	___ Intermediate	\$27.00	___ Junior	\$40.00
___ Novice	\$30.00	___ Novice	\$30.00	___ Senior	\$45.00
___ Junior	\$40.00	___ Junior	\$40.00		
___ Senior	\$45.00	___ Senior	\$45.00	<u>Supplemental MIF</u>	
___ Adult PreBronze	\$23.00	___ Adult PreBronze	\$23.00	___ Intermediate	\$27.00
___ Adult Bronze	\$23.00	___ Adult Bronze	\$23.00	___ Senior	\$45.00
___ Adult Silver	\$25.00	___ Adult Silver	\$25.00		
___ Adult Gold	\$30.00	___ Adult Gold	\$30.00		

Please complete the following:

Partners Name _____ USFSA # _____ Coach include PSA # _____

Home Club _____ Test Level _____

Appropriate fees must accompany the test request form and be postmarked by the application deadline posted. A \$15.00 late fee will be charged if late and it is the Test Chairs discretion whether the application will be accepted late. Test applications received without fees and without a board member signature will be returned to the applicant. \$25 fee for any returned checks. The test candidate is responsible for obtaining permission from his/her home club for testing, if said club is not The NCFSC. If the test candidate cancels a test for ANY reason after the application deadline other than CERTIFIED injury, **THE TEST FEES WILL BE FORFEITED.** The test candidate must submit a new test request and test fee to reschedule the test. Requested test dates may not be available due to the number of test requests or judge availability. Tests will be rescheduled for the next available session. If the Test Chairman reschedules the test, no additional fees will be required. Testing Priority is 1) Home Club members' 2) Second Club Members 3) Non-Club members

Send application and check to:

For Escondido IcePlex send to: The North County Figure Skating Club Lisa Gorman 555 North Tulip St. Escondido, Ca 92025 406-210-9015	For IceTown Carlsbad send to: The North County Figure Skating Club Michelle Keener 2283 Cosmos Ct, Carlsbad, CA 92011 540-207-8976 efstestchair@yahoo.com	TEST SUB-TOTAL _____ \$40 for Non-Club Skater _____ \$20 for Associate Members _____ \$10 for Ice Fees _____ \$5 Hospitality Fee _____
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Make checks payable to: The North County Figure Skating Club TOTAL FEE _____

Parent's/Guardian's Signature _____ Email _____

Coach's Signature _____ USFSA # _____ PSA Registration # _____

Email _____