

# The North County Figure Skating Club – Dance 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

Compulsory Dances	Circle Desired Test(s)	Check the appropriate one	Freedance	
____ Preliminary	\$15.00 DW CT RB		____ Juvenile	\$23.00
____ Pre-Bronze	\$15.00 SD CC FIT	Standard	____ Intermediate	\$25.00
____ Bronze	\$20.00 HH WiW TF		____ Novice	\$25.00
____ Pre-Silver	\$25.00 14S EW FT	Solo	____ Junior	\$35.00
____ Silver	\$25.00 AW T RF		____ Senior	\$40.00
____ Pre-Gold	\$30.00 K BL PD SW	Adult		
____ Gold	\$35.00 VW WW QS AT			
____ International	\$45.00 _____	Masters		

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 <a href="mailto:efstestchair@yahoo.com">efstestchair@yahoo.com</a>	<b>TEST SUB-TOTAL</b> _____ \$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 \_\_\_\_\_