



New Edge Figure Skating Club
TEST APPLICATION 2011-2012

Test Date: January 17, 2012
App. Due Date: January 3, 2012

The applicant is responsible for having this application filled out completely and accurately. Please be sure to have all required signatures, fees and USFSA number for this application. If the skater is under 18 years of age, a parent signature is required. All test applications with missing information will be considered invalid, and will be discarded. Full payment must accompany all test applications. A \$35 fee will be levied for all returned checks.

Name _____ Last Test Passed and Date _____ USFSA# _____
 Address _____ City/State _____ Zip: _____
 Phone # _____ E-Mail Address _____ Home Club _____
 NAME OF PAIRS/DANCE PARTNER _____ USFSA# _____

Please check if applicable: Dance Completes Series? Solo? Adult- 25 & Over? Master – 50 & Over?

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CAREFULLY CHECK TEST(S) TO BE TAKEN

<u>MOVES IN THE FIELD</u>		<u>DANCE</u>		<u>PAIRS (per skater)</u>	
<input type="checkbox"/> Pre-preliminary	\$15	<input type="checkbox"/> Preliminary		<input type="checkbox"/> Preliminary	\$15
<input type="checkbox"/> Preliminary	\$15	<input type="checkbox"/> Dutch Waltz	\$15	<input type="checkbox"/> Juvenile	\$15
<input type="checkbox"/> Pre-Juvenile	\$25	<input type="checkbox"/> Canasta Tango	\$15	<input type="checkbox"/> Intermediate	\$20
<input type="checkbox"/> Juvenile	\$30	<input type="checkbox"/> Rhythm Blues	\$15	<input type="checkbox"/> Novice	\$30
<input type="checkbox"/> Intermediate	\$40	<input type="checkbox"/> Pre Bronze		<input type="checkbox"/> Junior	\$45
<input type="checkbox"/> Novice	\$45	<input type="checkbox"/> Swing Dance	\$15	<input type="checkbox"/> Senior	\$50
<input type="checkbox"/> Junior	\$50	<input type="checkbox"/> Cha-Cha	\$15		
<input type="checkbox"/> Senior	\$55	<input type="checkbox"/> Fiesta Tango	\$15		
		<input type="checkbox"/> Bronze			
		<input type="checkbox"/> Hickory Hoedown	\$15		
		<input type="checkbox"/> Willow Waltz	\$15		
		<input type="checkbox"/> Ten Fox	\$15		
		<input type="checkbox"/> Pre-Silver			
		<input type="checkbox"/> Fourteenstep	\$20		
		<input type="checkbox"/> European Waltz	\$20		
		<input type="checkbox"/> Foxtrot	\$20		
		<input type="checkbox"/> Silver			
		<input type="checkbox"/> American Waltz	\$25		
		<input type="checkbox"/> Harris Tango	\$25		
		<input type="checkbox"/> Rocker Foxtrot	\$25		
		<input type="checkbox"/> Pre-Gold			
		<input type="checkbox"/> Kilian	\$30		
		<input type="checkbox"/> Blues	\$30		
		<input type="checkbox"/> Paso Doble	\$30		
		<input type="checkbox"/> Starlight Waltz	\$30		
		<input type="checkbox"/> Gold			
		<input type="checkbox"/> Viennese Waltz	\$35		
		<input type="checkbox"/> Westminster Waltz	\$35		
		<input type="checkbox"/> Quickstep	\$35		
		<input type="checkbox"/> Argentine Tango	\$35		

<u>TEST FEES</u>	
Moves in the Field	\$ _____
Freestyle	\$ _____
Dance	\$ _____
Judges Fee	\$15.00
<i>(paid by all skaters)</i>	
Out of Club Fee	\$15.00
<i>(paid by all skaters who are NOT NEFSC or FSCB home club members)</i>	
Total Test Fees	\$ _____
Please make checks payable to NEFSC	
Please mail application and test fees to:	
Laura Blake 1852 Latham Street Birmingham, MI 48009 248-318-4122 (Please, no calls after 8:30 p.m.) Lblake240@comcast.net	

The USFSA and its member clubs conducting tests undertake no responsibility for damages or injuries suffered by test candidates. As a condition of and in consideration of the acceptance of this test application, the named test candidate/applicant (and their parents and/or guardians if a minor) agree to assume all risks of injury to the candidate/applicant's person and property resulting from, caused by or connected with the conduct and management of the tests, and to release any and all claims which they have against any officials, the USFSA, the club hosting the tests and against their officers.

_____ Signature of Applicant/Parent	_____ Signature of Professional
_____ Professional's USFSA Number	_____ Print Professional's Name
_____ Professional's Phone Number	_____ Professional's Email Address

****THIS IS TO CERTIFY THAT THE APPLICANT FOR THIS TEST IS A MEMBER IN GOOD STANDING OF THE HOME CLUB AS INDICATED, AND IS ELIGIBLE, TO THE BEST OF MY KNOWLEDGE, TO TAKE THE TEST(S) APPLIED FOR: (NOTE: An email from the test chair stating approval will be accepted in lieu of a signature on this form.)**

_____ Signature of Test Chair	_____ Test Chair's Phone Number	_____ Test Chair's Email Address
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Applications are processed on a first-come, first-serve basis, with NEFSC and FSCB members taking precedence.
No refunds will be issued unless the test day is cancelled.