



FIGURE SKATING CLUB OF BIRMINGHAM, MI

Test Application

Test Date: _____

App. Due Date: _____

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 _____ USFSA# _____

E-Mail Address _____

Address _____ City/State _____ Zip: _____

Phone # _____ Home Club _____ Last Test Passed & Date _____

NAME OF PAIRS/DANCE PARTNER _____ USFSA# _____

Please check if applicable: Dance Completes Series? Solo?

CAREFULLY CHECK TEST(S) TO BE TAKEN

<u>MOVES IN THE FIELD</u>	
<input type="checkbox"/> Pre-Preliminary	\$20
<input type="checkbox"/> Preliminary	\$25
<input type="checkbox"/> Pre-Juvenile	\$30
<input type="checkbox"/> Juvenile	\$35
<input type="checkbox"/> Intermediate	\$40
<input type="checkbox"/> Novice	\$50
<input type="checkbox"/> Junior	\$55
<input type="checkbox"/> Senior	\$60

<u>FREESTYLE</u>	
<input type="checkbox"/> Pre-Preliminary	\$20
<input type="checkbox"/> Preliminary	\$25
<input type="checkbox"/> Pre-Juvenile	\$30
<input type="checkbox"/> Juvenile	\$35
<input type="checkbox"/> Intermediate	\$40
<input type="checkbox"/> Novice	\$45
<input type="checkbox"/> Junior	\$50
<input type="checkbox"/> Senior	\$55

<u>DANCE</u>	
<input type="checkbox"/> Preliminary	
<input type="checkbox"/> Dutch Waltz	\$15
<input type="checkbox"/> Canasta Tango	\$15
<input type="checkbox"/> Rhythm Blues	\$15

<input type="checkbox"/> Pre-Bronze	
<input type="checkbox"/> Swing Dance	\$15
<input type="checkbox"/> Cha-Cha	\$15
<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"/> 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

<input type="checkbox"/> Adult Moves	
<input type="checkbox"/> Pre-Bronze	\$20
<input type="checkbox"/> Bronze	\$25
<input type="checkbox"/> Silver	\$35
<input type="checkbox"/> Gold	\$45
<input type="checkbox"/> Adult Freestyle	
<input type="checkbox"/> Pre-Bronze	\$20
<input type="checkbox"/> Bronze	\$25
<input type="checkbox"/> Silver	\$40
<input type="checkbox"/> Gold	\$55

<u>TEST FEES</u>	
Moves in the Field	\$ _____
Freestyle	\$ _____
Dance	\$ _____
Judges Fees	\$ 15
Out of Club Fee	\$ 15
Out of Club Fee Waiver - less (\$15)	\$ _____
<i>- for FSCB / New Edge FSC / Troy ICES home club members</i>	
TOTAL TEST FEES	\$ _____
Please mail TEST APPLICATION AND CHECK TO:	
Molly Mercurio	
1060 Lake Park Drive	
Birmingham, MI 48009	
molly@mollycoddle.com	
Checks made payable to " F S C B "	

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: (An email from a home club officer to the FSCB test chair stating approval is acceptable.)

Signature of Test Chair

Test Chair's Phone Number

Test Chair's Email Address

There are a limited number of tests! Applications are processed on a first-come, first-serve basis, with FSCB members taking precedence when **payment** is **RECEIVED BY** the DUE DATE. After the due date, apps received, **when space is remaining**, are accepted in the order the test chair receives them. No refunds will be issued unless the test day is cancelled or your test cannot be accommodated.