

**ST. CLAIR SHORES FIGURE SKATING CLUB
FIELD MOVES, PAIR & FREE STYLE TEST APPLICATION**

DATE OF TEST: _____ USFSA#: _____ HOME CLUB: _____ AGE: _____

NAME: _____ E-MAIL ADDRESS: _____

ADDRESS: _____ CITY & STATE: _____ ZIP: _____

LAST TEST PASSED: _____ DATE: _____

PROFESSIONAL: (print) _____ (signature) _____

PARENT: (signature) _____ PHONE: _____

*****Skater must be a member in GOOD standing in order to test*****

PLEASE CHECK TEST(S) TO BE TAKEN:

FIELD MOVES		FREESTYLE		PAIRS (fee is per skater)		ADULT FREESTYLE			
Pre-Preliminary	\$22.00	Pre-Preliminary	\$22.00						
Preliminary	\$27.00	Preliminary	\$27.00	Preliminary	\$22.00				
Pre-Juvenile	\$32.00	Pre-Juvenile	\$32.00	Juvenile	\$27.00	Pre-Bronze	\$22.00		
Juvenile	\$37.00	Juvenile	\$37.00	Intermediate	\$34.00	Bronze	\$32.00		
Intermediate	\$44.00	Intermediate	\$44.00	Novice	\$44.00	Silver	\$43.00		
Novice	\$49.00	Novice	\$49.00	Junior	\$56.00	Gold	\$58.00		
Junior	\$56.00	Junior	\$56.00	Senior	\$66.00				
Senior	\$66.00	Senior	\$66.00						

(Pairs Test) Name of Partner: _____ USFSA Number: _____

TEST FEES:

Field Moves	\$.00
Freestyle	\$.00
Pairs	\$.00
Adult Freestyle	\$.00
Out of Club Fee	\$.00
TOTAL FEES DUE	\$.00

MAIL COMPLETED FORM & PAYMENT TO:

Lydia Wolanchuk
****ATTN: TESTING****
 St. Clair Shores FSC
 20000 Stephens Dr.
 St. Clair Shores, MI 48080

Out of Club Fee: \$25.00 (summer test sessions excluded if skater contracts summer ice at SCSFSC)

Policies & Procedures:

- Test application is due 14 days before test session, with payment (IN FULL) attached
- Test application will be returned to the professional if the application is not completely filled out or payment is missing
- If applicant is NOT a member of the St. Clair Shores FSC, an additional out of club fee of \$25.00 must be submitted along with a letter of permission (from home club) to test and professionals signature
- Checks should be made payable to the St. Clair Shores FSC (*US funds only*)
- No refunds unless test is cancelled
- Skaters must arrive at the arena a minimum of 45 minutes prior to their warm-up time

--For office use only--

Date Received: _____ Total Fees: _____ Check No.: _____