



Washington Figure Skating Club Test Application



Please Complete BOTH Sides of This Form

Completed application and test fees **MUST BE RECEIVED THREE WEEKS BEFORE THE TEST DATE** or the test will not be scheduled. Please mail this application to the Test Chairperson listed on the back.
Candidate must be a member of the USFSA ONE MONTH BEFORE SCHEDULED TEST.

PART 1: WHO YOU ARE

Candidate's Name: _____ USFSA No: _____
 Address: _____ City _____ State _____ Zip _____
 Phone No. with area code: (_____) _____ Email _____
 Club through which your USFSA Number* is registered: _____ Age if under 18: _____
 *If your home club is not the WFSC, a letter of permission from your test chairperson must accompany application.
 WFSC Member _____ Associate _____ M _____ F _____ TEST DATE: ____/____/____

PART 2: THE TESTS YOU WILL TAKE

There will be no contingency testing.

Moves and Free Skating Tests**			Dance Tests					
Ice fee for non-WFSC members.....\$50			Ice fee for non WFSC members\$50					
ADULT MOVES	MOVES IN THE FIELD	FREE SKATING TEST	[] STANDARD TRACK	[] ADULT	[] MASTERS			
Place checkmark in appropriate categories			Circle dances to be taken					
___ Adult Pre-Bronze \$30	___ Pre-Prelim..... \$25	___ Pre-Prelim..... \$25	Preliminary..... \$30 ea.	DW	CT	RB		
___ Adult Bronze 35	___ Prelim..... 35	___ Prelim..... 30	Pre-Bronze..... 35 ea.	SD	CC	FIT		
___ Adult Silver..... 45	___ Pre-Juvenile..... 37	___ Pre-Juvenile..... 32	Bronze..... 40 ea.	HH	WIW	TF		
___ Adult Gold 50	___ Juvenile..... 32	___ Juvenile..... 37	Pre-Silver 45 ea.	14S	EW	FT		
	___ Intermediate..... 42	___ Intermediate..... 42	Silver 50 ea.	AW	T	RF		
	___ Novice..... 42	___ Novice..... 47	Pre-Gold..... 55 ea.	PD	K	BL	SW	
	___ Junior 47	___ Junior 47	Gold 60 ea.	VW	WW	QS	AT	
	___ Senior..... 52	___ Senior..... 52	Jr. International 65 ea.	R	AUS	CON		
			Sr. International..... 65 ea.	SAM	YP	RW	TR	GW
If you've signed up for two or more tests and only one can be accommodated, indicate your preference here: _____.			Indicate the level this test completes:					
** It is imperative that separate checks be submitted for each of the three skating categories: Adult Moves, Moves In The Field, and Free Skating Test!			___ Pre ___ Pre-Bronze ___ Bronze ___ Pre-Silver					
			___ Silver ___ Pre-Gold ___ Gold ___ International					
ADULT PAIR TEST (each candidate)	PAIR TEST (each candidate)	ADULT FREE SKATING TEST	FREE DANCE TEST					
___ Bronze \$30	___ Preliminary \$20	___ Pre-Bronze..... \$25	___ Juvenile \$40					
___ Silver 40	___ Juvenile..... 25	___ Bronze..... 37	___ Intermediate..... 45					
___ Gold 50	___ Intermediate..... 30	___ Silver 42	___ Novice..... 50					
	___ Novice..... 30	___ Gold 47	___ Junior 55					
	___ Junior 30		___ Senior 60					
	___ Senior..... 35							

PART 3: YOUR FEES

Hospitality Fee \$ 3.00
Test Fees \$ _____
Ice Fees \$ _____
Total Fees \$ _____

Please make checks payable to **Washington Figure Skating Club**.

Please submit separate checks for each of these categories: Adult Moves, Moves In The Field, and Free Skating Test!

Please Note: A \$35 fee will be charged for all checks returned by the bank for **any** reason.

Test fees this season are **not refundable**, except in the case of injury or illness.

In such case, a doctor's certification must be presented to the appropriate test chairperson.

Part 4: NAMES AND SIGNATURES

Teaching Professional (please print): _____ Phone (____) ____ - _____

Signature of Teaching Professional: _____

Email of Teaching Professional: _____

Testing Partner: _____

Attention Students! The USFSA has established a **Test Achievement Recognition Program** for students who have passed the following levels:

Moves In The Field

Figure Tests: *4th through 8th*

Free Skating Tests: *Novice through Senior*

Pair Tests: *Novice through Senior/Gold*

Dance Tests: *Silver, Gold, Silver Free and Gold Free*

If you are a student who will be taking any of these tests, please complete the following in its entirety, as the USFSA does not have school information on file:

Name of School: _____

Name of Principal: _____

School Address: _____

Volunteers Needed:

I'll help with test papers on the day of the test

I'll help with monitoring

I'll help with scheduling

I'll help with food preparation and cleanup

I'll help with announcing

I'll help with music

Name: _____ Phone: (____) ____ - _____

NO CHANGES WILL BE MADE AFTER THE POSTING OF TEST SCHEDULES!

Mail this form with accompanying check to the appropriate chairperson.



Dance Test Chair:
Carrie Solomon
9100 Kingsbury Drive
Silver Spring, MD 20910
cssolomon@mmm.com



Moves/Freestyle Chair:
Patricia Brockner
4520 Dresden Street
Kensington, MD 20895
301-564-0179