

## **CHAMPIONS' EDGE SKATING CLUB TEST APPLICATION**

MOVES IN THE FIELD	FREE SKATING		DANCE: ☐ Standard ☐ Solo ☐ Adult-25 & older ☐ Masters-50 & older				
☐ Pre-Preliminary \$40 ☐ Preliminary \$50 ☐ Pre-juvenile \$60 ☐ Juvenile \$65 ☐ Intermediate \$70 ☐ Novice \$80 ☐ Junior \$90 ☐ Senior \$100	☐ Preliminary ☐ Pre-Juvenile ☐ Juvenile ☐ Intermediate ☐ Novice ☐ Junior	\$25 \$40 \$50 \$60 \$65 \$75 \$90	☐ Pre-Bronze \$3. ☐ Bronze \$4. ☐ Pre-Silver \$4. ☐ Silver \$5. ☐ Pre-Gold \$6. ☐ Gold \$7.		FREE DAI  Juvenil Intermo Novice Junior Senior	e ediate e	\$45 \$50 \$60 \$90 \$100
□ Pre-Bronze       \$40         □ Bronze       \$55         □ Silver       \$65         □ Gold       \$70	☐ Bronze☐ Silver☐	\$40 \$45 \$55 \$65	PAIRS  ☐ Pre-Juvenile \$60 ☐ Juvenile \$70 ☐ Intermediate \$80	) 🖵 Junior	\$85 \$90 \$100	ADULT PA  Bronze Silver Gold	\$45 \$55 \$65
U.S.F.S. membership number Home Club If retesting: Name of test			Date test last taken/ Club				
Professional's signature authori.	USFS membership #airs, free dance, or pattern dance):						
Partner name and USFS number (if (Any person serving as a partner to	• •		•				
Fees shown are for home club and associate members of The Champions' Edge Skating Club. Skaters from other clubs and Individual Members of the U.S.F.S.A. Must pay an additional fee of \$40.00 per test session.  TEST FEES NOT REFUNDABLE			Prospective test candidates must be members in good standing with their respective clubs to be eligible to test. If skater is not a member of The Champions' Edge Skating Club, a permission letter from a officer of the skaters home club must be submitted and sent along with the testers application. Application must be postmarked by at least 3 weeks before test date. Late applications, if accepted, will				
Please mail application to:			be charged an extra				
Dennis Sveum 6203 Piedmont Drive Spring Hill, Florida 34606 Phone number (352) 293-6665			Please make checks payable to <b>Champions' Edge Skating Club.</b> A returned check will be charged a <b>\$25.00</b> fee.  Total test fees \$ Non - C.E.S.C. Members \$ Late fee if accepted \$				

Date received \_\_\_\_/\_\_\_/\_\_\_\_Check number \_\_\_\_\_

For official use only

Revised 06/15/2017