



Date Received: _____ Check # _____
 Amount: \$ _____ Club Officer: _____

FIRST COAST FIGURE SKATING CLUB TEST APPLICATION

Skater Name _____ USFS # _____ Home Club _____
 Address _____ City _____ State _____ Zip _____
 Phone () _____ E-mail _____

- Application deadline is 4 weeks prior to the scheduled test or the date posted on test announcement
- Applications will be processed in the order in which they are received. *Test sessions may become full before the deadline has passed.*
- Applications will not be processed if not accompanied by the correct test fee.
- Test requests received after the deadline will be scheduled if time allows, with a \$25 late fee
- All skaters who are not FCSC Full Club Members must pay 1 1/2 times the test fee
- Non FCSC Members: A letter verifying your club standing and that you are qualified to take this test must accompany your application.
- All test applications must be signed by the coach and skater or parent/guardian if under 18 years
- Please plan to arrive a minimum of one hour prior to your scheduled test sessions
- Refunds will only be given in cases of illness or injury documented by a doctor's note

Moves in the Field

- Pre Preliminary \$40
- Preliminary \$45
- Pre Juvenile \$55
- Juvenile \$65
- Intermediate \$70
- Novice \$80
- Junior \$90
- Senior \$100

- Adult Pre Bronze \$40
- Adult Bronze \$45
- Adult Silver \$65
- Adult Gold \$90

Free Skate

- Pre Preliminary \$40
- Preliminary \$45
- Pre Juvenile \$55
- Juvenile \$65
- Intermediate \$70
- Novice \$80
- Junior \$90
- Senior \$100

- Adult Pre Bronze \$40
- Adult Bronze \$45
- Adult Silver \$65
- Adult Gold \$90

Pairs (each skater)

- Preliminary \$45
- Juvenile \$65 **Partner Name:** _____
- Intermediate \$70
- Novice \$80
- Junior \$90
- Senior \$100 **Partner USFS #: _____**

Dance (Per Dance - circle)

- Preliminary DW CT RB \$35
- Pre-Bronze SD CC FIT \$40
- Bronze HH WJW TF \$45
- Pre-Silver 14S EW FT \$55
- Silver AW T RF \$65
- Pre-Gold BL K PD SW \$75
- Gold VW WW QC AT \$85

PAYMENT

Please Make all Checks payable to FCFSC
 (There will be a \$30.00 charge for any returned check)

Application & Fees should be placed in the Club mailbox at the rink or mailed to:

FCFSC
 c/o Jacksonville Ice and Sportsplex
 3605 Phillips Hwy
 Jacksonville, FL 32207

Test Fee Total: \$ _____
 x 1.5 if Non-Member: \$ _____
Subtotal: \$ _____
+ Mandatory Fees
 Judges' Expense Fee: \$ 5.00
Total: \$ _____

Coach Name _____ Coach Signature _____ Phone _____
 Applicant/Parent Signature (if applicant under 18) _____

The applicant and parent/guardian agree per USFS rules to hold harmless USFS, FCSC and officials, Jacksonville Ice and Sportsplex and management, from any loss, damage, and/or injury that may be sustained by anyone participating at this test session.