



P.O. Box 792
Ellenton FL 34222

Test Application

Skater's Name: _____

Address: _____

City _____ State _____ Zip _____

US Figure Skating Home Club: _____

Telephone Number: (____) _____ US Figure Skating #: _____

E-Mail Address: _____ @ _____

Highest Test Level Completed to Date (Indicate Level)

Moves: _____ Free Skating: _____

Dance: _____ Pairs: _____

US Figure Skating Test(s) Requested:

Please enter the test(s) you wish to take. If you sign up for both a moves and free skating test at the same level and do not pass the moves test, you will not be able to take the free skating test and any fees paid for the test may be forfeited.

Free Skating: _____ Moves: _____

Dance: _____ Pairs: _____

PLEASE NOTE: Tests will be scheduled on a first-come, first-served basis. SWFFSC members are given priority for test reservations, followed by Associate Skating members, then Non-Home Club members. Test fees are non-refundable. A \$5.00 hospitality fee applies to all applications. Please submit the completed application with fees to the test chair one week prior to the test date. Tests will not be administered if application and payment is not received prior to the test. There is a \$25 fee for any returned checks.

LATE FEE ASSESSMENT: A late fee of \$25.00 will be charged for any application received after the deadline and acceptance of said application is subject to the discretion of the test chair based on space availability and schedule flexibility.

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**Signature of Test Candidate if 18 years old
or over or Parent/Guardian if less than 18 years old.**

Date

Signature of Home Club Test Chair

If skater is not a home club member of the Southwest Florida Figure Skating Club,
you must have permission to test from your home club.

Date

Signature of Coach

In signing this application, I affirm that the skater is fully prepared to
pass the test indicated above.

Date

Total Test Fees (see attached fee schedule) \$ _____

Plus Hospitality Fee (Required of all Candidates) \$ \$5.00

Assessed Late Charge (if applicable) \$ _____

Total Amount Enclosed \$ _____

**Please make your check payable to the *Southwest Florida Figure Skating Club*, and
return this completed two-page Test Application along with your check to:**

Southwest Florida Figure Skating Club

Attn: SWFFSC Test Chair

P.O. Box 792

Ellenton, Fl 34222

Alternatively you may place the application in the SWFFSC mailbox located in the business office of
Ellenton Ice and Sports Complex.

Need more information? E-mail us at testchair@swffsc.org

For office use only: Total Amount Paid	Check Number	Date Processed
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TEST SESSION FEE SCHEDULE

<u>MOVES IN THE FIELD TEST</u>	<u>SWFFSC MEMBER</u>	<u>NON-MEMBER</u>
Pre-Preliminary	\$25.00	\$50.00
Preliminary	\$30.00	\$60.00
Pre-Juvenile	\$35.00	\$70.00
Juvenile	\$40.00	\$80.00
Intermediate	\$45.00	\$90.00
Novice	\$50.00	\$100.00
Junior	\$55.00	\$110.00
Senior	\$60.00	\$120.00
Adult Pre Bronze	\$30.00	\$60.00
Adult Bronze	\$35.00	\$70.00
Adult Silver	\$40.00	\$80.00
Adult Gold	\$45.00	\$90.00
 <u>FREE SKATING</u>		
Pre-Preliminary	\$25.00	\$50.00
Preliminary	\$30.00	\$60.00
Pre-Juvenile	\$35.00	\$70.00
Juvenile	\$40.00	\$80.00
Intermediate	\$45.00	\$90.00
Novice	\$50.00	\$100.00
Junior	\$55.00	\$110.00
Senior	\$60.00	\$120.00
Adult Pre Bronze	\$30.00	\$60.00
Adult Bronze	\$35.00	\$70.00
Adult Silver	\$40.00	\$80.00
Adult Gold	\$45.00	\$90.00
 <u>DANCE</u>		
All levels per skater/per dance	\$30.00	\$60.00
 <u>PAIRS</u>		
Preliminary	\$30.00	\$60.00
Pre-Juvenile	\$35.00	\$40.00
Juvenile	\$40.00	\$80.00
Intermediate	\$45.00	\$90.00
Novice	\$50.00	\$100.00
Junior	\$55.00	\$110.00
Senior	\$60.00	\$120.00