

Traverse City Figure Skating Club Test Application
 Test Day: June 1st (forms due May 20th)

USFS# _____ Skater's Full Name _____
 Address _____ City/State _____ Zip _____
 Phone # _____ e-mail _____ (schedules are sent via email)
 Coach signature(s) _____ / _____
 Parent Name _____

Moves in the Field		Dance	
<input type="checkbox"/> Pre-Preliminary	\$25.00	Preliminary	\$25.00 each
<input type="checkbox"/> Preliminary	\$30.00	<input type="checkbox"/> Dutch Waltz	<input type="checkbox"/> Fourteen Step
<input type="checkbox"/> Pre-Juvenile	\$35.00	<input type="checkbox"/> Canasta Tango	<input type="checkbox"/> European Waltz
<input type="checkbox"/> Juvenile	\$40.00	<input type="checkbox"/> Rhythm Blues	<input type="checkbox"/> Foxtrot
<input type="checkbox"/> Intermediate	\$45.00	Pre-Bronze	\$30.00 each
<input type="checkbox"/> Novice	\$50.00	<input type="checkbox"/> Cha-Cha	Silver
<input type="checkbox"/> Junior	\$55.00	<input type="checkbox"/> Fiesta Tango	\$45.00 each
<input type="checkbox"/> Senior	\$60.00	<input type="checkbox"/> Swing	<input type="checkbox"/> American Waltz
Freestyle		Bronze	\$35.00 each
<input type="checkbox"/> Pre-Preliminary	\$20.00	<input type="checkbox"/> Willow Waltz	<input type="checkbox"/> Silver Tango
<input type="checkbox"/> Preliminary	\$25.00	<input type="checkbox"/> Ten Fox	<input type="checkbox"/> Rocker Foxtrot
<input type="checkbox"/> Pre-Juvenile	\$30.00	<input type="checkbox"/> Hickory Hoe-down	
<input type="checkbox"/> Juvenile	\$35.00		
<input type="checkbox"/> Intermediate	\$40.00		
<input type="checkbox"/> Novice	\$45.00		
<input type="checkbox"/> Junior	\$50.00		
<input type="checkbox"/> Senior	\$55.00		
Total of Fees from Tests Above (includes test, 15-minute practice, USFS filing fee)			\$
Judges mileage, hospitality, lodging			\$ 40.00 required
Out of Club Fee per test (non-TCFSC skater)			\$ 15.00
Make checks payable to: Traverse City Figure Skating Club (TCFSC)			\$
TOTAL			

Please note that as ice time and judging arrangements must be scheduled in advance, there are **No Refunds**.
Applications are due by the due date listed above, late applications will be accepted on a case by case basis only. Payment and signatures are required at time of application.

*NON-TCFSC MEMBERS must have the LETTER OF PERMISSION (below) signed by their home club
 TEST- CHAIRPERSON before testing will be allowed.

This certifies that _____, is a member in good standing of the _____,
 _____, has met all the requirements, and is eligible to test.
 (Home club name)

_____ Test Chairperson Signature _____ Date _____ E-mail address _____
 Out of club testers, please mail form w/ signatures and payments to be received by due date to TCFSC Test Chair : 1600 Chartwell Dr. Traverse City,
 MI 49696 Phone: 1-808-722-5943 email: Rachelsoles@yahoo.com