

South Bay Figure Skating Club *Dance Testing Application - Paramount*

Please do not submit this application unless your coach has signed off on your desired test. If your coach does not sign this form, it will be mailed back to you and your space will not be reserved until your coach has signed it. Testing is on a first come/first serve basis. NO spaces will be reserved WITHOUT a testing form. Select Requested Month and Time.

Test Candidate Name	USFS No.	Circle Requested month & Time: Jan, Feb, March, April, May, June, July, Aug., Sept., Oct., Nov., Dec. Weekday - Evening
Email Address	Phone Number	Home Club
Coach Name	Coach Phone Number	Coach email if known:
Partner Name *	Parent Name (if Skater is under 18 years of age)	

* Each partner must submit a separate test request form

Please Note:

- All completed test request forms and fees must be received by the South Bay Figure Skating Club Test Chairman at least **THREE WEEKS PRIOR TO THE TEST DATE REQUIRED.**
- Test request forms will be processed in the order received. **Test candidates will be scheduled for the next available weekday or evening/weekend test session on or after the date requested.**
- There will be **NO REFUNDS** for tests cancelled less than seven days prior to the test without certification of injury or illness.
- Test schedule change requests received less than seven days prior to the test will be considered a cancellation; a new test form, along with fees, must be re-submitted.
- If you are a member of AYFSC a letter of permission is not required. If you are a member of any other club, a letter of permission **MUST** follow this form. If not, your test will not be scheduled until cleared by your home club test chair.

Submit this form with test fees to the South Bay Figure Skating Club Test Chair:
Linda Sheehan
3501 Silver Spur Lane
Acton, CA 93510
661-857-3182

I certify that the above information is correct and complete and that I have read and understand the conditions stated herein. I also understand the test session time and availability is limited and that I may be scheduled for a time and date that is different from what I have requested.

Candidate Signature: _____

Parent or Guardian Signature (if skater is under 18 years of age): _____

Coach Signature _____

Tests requested are (circle one): Standard Adult Masters Solo

See back of page for fees

Test Fee Schedule - Paramount Effective June 10, 2008

Please put a check in the box next to the test(s) you wish to take. Use the worksheet below to tally the total fees due.

COMPULSORY DANCES		
PRELIMINARY	\$25 1 st Dance, \$10 each additional dance	
PRE-BRONZE	\$25 1 st Dance, \$15 each additional dance	
BRONZE	\$25 1 st Dance, \$15 each additional dance	
PRE_SILVER	\$25 each dance	
SILVER	\$40 each dance + \$6.00 each solo	
PRE_GOLD	\$40 each dance + \$6.00 each solo	
GOLD	\$40 each dance + \$6.00 each solo	
INTERNATIONAL	\$50 each dance	
FREE DANCE (Per Candidate)		
PRELIMINARY	\$25	
JUVENILE	\$30	
INTERMEDIATE	\$30	
NOVICE	\$30	
JUNIOR	\$40	
SENIOR	\$40	
ADULT/MASTERS PRE_BRONZE	\$25	
ADULT/MASTERS BRONZE	\$25	
ADULT/MASTERS SILVER	\$30	
ADULT/MASTERS GOLD	\$40	

List Dances to be skated

FEES WORKSHEET	
Dance Subtotal	
ICE FEE \$20/per complete test or part thereof (e.g., complete Bronze test or only Willow Waltz)	
Total Amount Due: Make all checks payable to: <u>South Bay FSC</u>	

** THE ICE FEE IS WAIVED FOR SOUTH BAY HOME CLUB SKATERS UNTIL THE SKATING EDGE IS AVAILABLE AGAIN FOR TEST SESSIONS