



Ozark Figure Skating Club

MEMBER TEST APPLICATION

**Test application must be delivered to the Test Chair 14 DAYS before the date of the desired test.
Any application received after this date will be assessed \$25.00 Late fee.**

Test Date: _____

Name _____ USFSA# _____

Address _____ City _____ State _____ Zip _____

Phone () _____ Email _____

Test Desired: Moves in the Field _____ Free Skating _____ Pair _____

Dance (list all dances) _____ Pair/Dance Partner Name/USFSA# _____

Member Test Fee Schedule

| <u>Moves in the Field</u> | <u>Free Skating</u> | <u>Adult</u> | <u>MIF</u> | <u>Free Skating</u> |
|-------------------------------------------|----------------------------|-----------------------|-------------------|----------------------------|
| PrePreliminary \$15.00 | PrePreliminary \$15.00 | PreBronze | \$15.00 | \$15.00 |
| Preliminary \$20.00 | Preliminary \$20.00 | Bronze | \$25.00 | \$25.00 |
| PreJuvenile \$25.00 | PreJuvenile \$25.00 | Silver | \$35.00 | \$35.00 |
| Juvenile \$25.00 | Juvenile \$25.00 | Gold | \$40.00 | \$40.00 |
| Intermediate \$30.00 | Intermediate \$30.00 | | | |
| Novice \$35.00 | Novice \$35.00 | | | |
| Junior \$35.00 | Junior \$35.00 | | | |
| Senior \$40.00 | Senior \$40.00 | | | |
| | | | | |
| <u>Couple &/or Solo Dance*</u> | <u>Free Dance**</u> | <u>Pairs**</u> | | |
| Preliminary \$15.00 | Juvenile \$25.00 | Preliminary \$15.00 | | |
| PreBronze \$20.00 | Intermediate \$30.00 | Juvenile \$25.00 | | |
| Bronze \$20.00 | Novice \$35.00 | Intermediate \$30.00 | | |
| PreSilver \$25.00 | Junior \$40.00 | Novice \$35.00 | | |
| Silver \$25.00 | Senior \$45.00 | Junior \$35.00 | | |
| PreGold \$30.00 | | Senior \$40.00 | | |
| Gold \$35.00 | | | | |
| International \$35.00 | | | | |

****The base dance fee is assessed according to test level. Each additional dance to be tested \$10.00 Solo Dance test fees are \$10.00/test if taken with partnered test.***

***** Fees are per tester***



Ozark Figure Skating Club

MEMBER TEST APPLICATION

Test Fees

| | |
|---------------------------------|---------------|
| Test Fees | _____ |
| Second Skater** | _____ |
| Registration Fee | _____ \$20.00 |
| Late Fee (if applicable)\$25.00 | _____ |
| Total Amount Due | _____ \$ |

TEST FEES MUST ACCOMPANY THIS APPLICATION

Make Checks Payable to Ozark Figure Skating Club

Please return complete application and test fees to Ozark FSC PO Box 601 Springdale, AR 72765

I certify that this application is correct. _____ Date _____
(Signature of Professional)

I understand that test fees will not be refunded if the test/tests applied for is/or not taken.

(Signature of Parent or Guardian)

THIS APPLICATION IS NOT VALID UNLESS SIGNED AND TEST FEES ATTACHED.
This application must be delivered to the test chair 14 DAYS before the date of desired test.