



Ozark Figure Skating Club

NON-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# _____

Non-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 \$40.00	PrePreliminary \$40.00	PreBronze	\$40.00	\$40.00
Preliminary \$40.00	Preliminary \$40.00	Bronze	\$40.00	\$40.00
PreJuvenile \$40.00	PreJuvenile \$40.00	Silver	\$70.00	\$70.00
Juvenile \$40.00	Juvenile \$40.00	Gold	\$100.00	\$100.00
Intermediate \$70.00	Intermediate \$70.00			
Novice \$70.00	Novice \$70.00			
Junior \$100.00	Junior \$100.00			
Senior \$100.00	Senior \$100.00			
<u>Couple &/or Solo Dance*</u>	<u>Free Dance**</u>	<u>Pairs**</u>		
Preliminary \$40.00	Juvenile \$20.00	Preliminary \$20.00		
PreBronze \$40.00	Intermediate \$30.00	Juvenile \$20.00		
Bronze \$50.00	Novice \$50.00	Intermediate \$35.00		
PreSilver \$50.00	Junior \$75.00	Novice \$35.00		
Silver \$50.00	Senior \$75.00	Junior \$50.00		
PreGold \$75.00		Senior \$50.00		
Gold \$75.00				
International \$75.00				

*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



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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

Skaters who are USFSA members, with a home club other than Ozark Figure Skating Club Must provide a letter of permission from their home club's duly authorized representative, as stated in TR1.028 of the USFSA Rulebook. In addition, certification of their current membership status is required from a home club official.

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.