



# Ozark Figure Skating Club

## MEMBER TEST APPLICATION

(Please complete all questions.)

Test Date: \_\_\_\_\_

**This application must be delivered to the Test Chair 14 DAYS before the date of the desired test.**

Name \_\_\_\_\_ USFSA# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Test/s 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	\$ 15.00
Preliminary \$ 20.00	Preliminary \$ 20.00	Bronze \$ 25.00	\$ 25.00	\$ 25.00
PreJuvenile \$ 25.00	PreJuvenile \$ 25.00	Silver \$ 35.00	\$ 35.00	\$ 35.00
Juvenile \$ 25.00	Juvenile \$ 25.00	Gold \$ 40.00	\$ 40.00	\$ 40.00
Intermediate \$ 30.00	Intermediate \$ 30.00	<b><u>Pairs</u>**</b>		
Novice \$ 35.00	Novice \$ 35.00	Preliminary	\$ 15.00	
Junior \$ 35.00	Junior \$ 35.00	Juvenile	\$ 25.00	
Senior \$ 40.00	Senior \$ 40.00	Intermediate	\$ 30.00	
		Novice	\$ 35.00	
		Junior	\$ 35.00	
		Senior	\$ 40.00	

  

<u>Couple &amp;/or Solo Dance*</u>	<u>Free Dance**</u>
Preliminary \$ 15.00	Juvenile \$ 25.00
PreBronze \$ 20.00	Intermediate \$ 30.00
Bronze \$ 20.00	Novice \$ 35.00
PreSilver \$ 25.00	Junior \$ 40.00
Silver \$ 25.00	Senior \$ 45.00
PreGold \$ 30.00	
Gold \$ 35.00	
International \$ 35.00	

Test Fees	_____
Second Skater**	_____
Additional fees	_____
Registration fee	\$20.00
Total Amount due	_____

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

\*\* Fees are per tester

**TEST FEES MUST ACCOMPANY THIS APPLICATION.**  
*Make Checks Payable to Ozark Figure Skating Club*  
 Return completed application and test fees to: Brenda Caron PO Box 565 Elkins, AR 72727

I certify that this test application is correct. \_\_\_\_\_ / \_\_\_\_\_  
 Signature of Professional Date

I understand that test fees will not be refunded if the test/s applied for is/are 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 the desired test.