



TEST APPLICATION

Date of Test Session: _____

NAME: _____ USFSA # (required) _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ E-MAIL ADDRESS: _____

HOME CLUB: _____

TEST(S) REQUESTED:

FIGURE _____ FREESTYLE _____

MOVES IN THE FIELD _____ PAIR _____

DANCE(S) _____

WILL THIS TEST COMPLETE THE DANCE LEVEL? Yes No (circle one)

DANCE PARTNER'S NAME _____

DATE TEST(S) REQUESTED LAST TAKEN _____ WHERE? _____

This test application must be received by the test chairman along with the check for the full amount of the test fees and a letter of permission (if applicable) in order for the test to be scheduled. Failure to complete all requested information or include test fee may prevent the test from being scheduled. **USFSA # IS MANDATORY.**

Signature of Professional _____

Professional's Ph # _____

Date _____

signifying the candidate is ready to test

I understand that test fees are not refundable if I withdraw from the above tests unless another candidate is on the waiting list or unless I am unable due to injury or illness (supported by a medical report). An insufficient number of tests will make it necessary to cancel the test session. The number of tests scheduled will be based on the amount of ice time available.

Signature of Test Candidate _____

Signature of Parent (if candidate is a minor) _____

NOTE: If you are submitting this form fewer than 10 days prior to the test, add a \$25 late fee. Testers who are not home or associate club members of the St. Louis Skating Club should add \$15 to the test fee.

Date _____ Total Test fees enclosed \$ _____

(Please remember to add out-of-club and hospitality fees).

Return completed form no later than 10 days prior to the test date to: Tina Randazzo-Coan, 4120 Haven, St. Louis, MO 63116-2829 (Questions? 314-832-0236 or UGOSK8@aol.com)