May 7, 2008 Preliminary–Gold Dance Test Application

This completed application must be received no later than Friday, April 25, 2008

(Cancellations must be made by noon, Monday, May 5th to receive a refund)

Skater's Name _____ **USFS #**_____

Mailing Address _____ **Phone #** _____

City _____ **State** _____ **Zip** _____ **Test Date** **05/07/08**

Home Club _____ **Test(s) Requested** _____

Coach's Signature _____ **Coach's Phone #** _____

Parent's Signature _____ **E-mail** _____

(if skater is under 18 years of age) **(write clearly)**

Please complete this form. Return the form with your test fee(s) to one of the test chairs**.** Please make checks payable to the St. Cloud Figure Skating Club (SCFSC). There will be a $20.00 charge for any NSF checks. All applications must be mailed. Late applications will ONLY be accepted at the discretion of the test chairs with a $20.00 LATE FEE. Please send a **self-addressed, stamped envelope** for us to send your testing time to you.

Level	Dances to be Tested (circle all applicable)	Test	Home Club Per Dance	Assoc. Member Per Dance	Non Member Per Dance	Cost Per Level
Gold	Viennese Waltz Westminster Waltz Quickstep Argentine Tango	Solo	$35	$40	$45	
Pre-Gold	Paso Doble Kilian Blues Starlight Waltz	Solo	$30	$35	$40	
Silver	American Waltz Silver Tango Rocker Foxtrot	Solo	$25	$30	$35	
Pre-Silver	Fourteenstep European Waltz Foxtrot	Solo	$20	$25	$30	
Bronze	Hickory Hoedown Willow Waltz Ten Fox	Solo	$15	$20	$25	
Pre-Bronze	Swing Dance Cha Cha Fiesta Tango	Solo	$10	$15	$20	
Preliminary	Dutch Waltz Canasta Tango Rhythm Blues	Solo	$10	$15	$20	
					TOTAL COST:	

Permission Form: If you are a USFS member with a club **other** than the St. Cloud Figure Skating Club, you must provide permission to test from your home club's duly authorized representative as stated in TR 3.08 of the USFS rule book by completing the information below:

Name: _____ **USFS #:** _____

Has my permission to test with the St. Cloud Figure Skating Club on May 7, 2008. The information on this form is correct and the member is in good standing of the _____ club. Signature of Test Chair: _____

Please keep in mind that the test schedule may be limited due to available ice and judges.

Marcia Williams, Test Co-Chair
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E-mail: emckwilliams@charter.net

Dina Kortuem, Test Co-Chair
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PLEASE BE AT THE RINK 45 MINUTES PRIOR TO YOUR SCHEDULED TEST TIME