

SPRINGDALE FIGURE SKATING CLUB - TEST APPLICATION

Test date _____ Application Deadline _____

Please complete all applicable sections on both sides.

Incomplete applications will be returned to you.

Only applications mailed to the P.O. Box will be accepted. Do not drop off at the rink.

NAME _____ ADDRESS _____ CITY _____

STATE _____ ZIP _____ TELEPHONE _____ E-MAIL _____

HOME CLUB _____ USFSA # _____

1. Applications and fees are due by the date shown above. **Add \$50 late fee if not postmarked by the application deadline.** (Fees include practice ice after 9 am. Skaters must pay for the 6-8:50 am session.)
2. Associate Members of SFSC add a **\$10 fee.**
3. Non-SFSC Club Members add a **\$40 guest fee.**
4. Application must be signed by pro. **All pros must comply with USFS coach registration policy in order to be present at test sessions, and non STR coaches must provide proof by attaching a copy of registration card.**
5. Fees for tests will not be refunded. In case of injury or illness, a doctors statement must be submitted for refund consideration.
6. All applications will be processed in the order they are postmarked and with the priorities listed, below. It is important to mail your application as early as possible because a test session may be filled before the deadline is reached.
7. Priority for test sessions is as follows:
 1. Springdale Figure Skating Club Home Club Members.
 2. Springdale Figure Skating Club Associate Members.
 3. Skaters participating in Stamford Twin Rink sessions.
 4. All other applicants.
8. Skating order will be posted at the rink 2-3 days prior to the test date.
9. If you are not a Home Club member of the Springdale Figure Skating Club, you must obtain test permission from your Home Club or have Officer or Test chairman complete section, below.

_____ is a member in good standing of the _____ Club
and has permission to take tests on _____.

Officer or TestChairman _____ Title _____ Date _____
Signature
10. A check for the full amount must accompany the completed application along with test permission, if applicable.

Please make check payable and mail application to:

SPRINGDALE FIGURE SKATING CLUB
P.O. Box 4557
Stamford, CT 06907-0557

If you have questions, contact Eleanor Lowenthal, Test Chairman (203) 322-3795 or elowen9934@aol.com

NAME _____ USFSA # _____
 Please print name as it appears on your registration card

Circle tests you wish to take:

MOVES IN THE FIELD

PRE-PRELIMINARY.....\$40
 PRELIMINARY.....\$40
 PRE-JUVENILE.....\$45
 JUVENILE.....\$45
 INTERMEDIATE.....\$50
 NOVICE.....\$50
 JUNIOR.....\$55
 SENIOR.....\$60

FREESTYLE

PRE-PRELIMINARY.....\$30
 PRELIMINARY.....\$33
 PRE-JUVENILE.....\$35
 JUVENILE.....\$40
 INTERMEDIATE.....\$45
 NOVICE.....\$50
 JUNIOR.....\$55
 SENIOR.....\$60

PAIRS (PER CANDIDATE)

PRE-JUVENILE.....\$35
 JUVENILE.....\$40
 INTERMEDIATE.....\$45
 NOVICE.....\$50
 JUNIOR.....\$55
 SENIOR.....\$60

ADULT/MASTERS MIF

ADULT PRE-BRONZE- \$40
 ADULT BRONZE- ---- \$45
 ADULT SILVER- ---- \$45
 ADULT GOLD- ---- \$50

ADULT/MASTERS FREESTYLE

ADULT PRE-BRONZE- ---- \$35
 ADULT BRONZE- ---- \$40
 ADULT SILVER- ---- \$45
 ADULT GOLD- ---- \$50

ADULT/MASTERS PAIRS (PER CANDIDATE)

ADULT BRONZE.....\$40
 ADULT SILVER.....\$45
 ADULT GOLD.....\$50

(Adult (25 and over) Masters (over 50))

PAIR PARTNER _____ HOME CLUB _____ USFSA# _____

SIGNATURE OF PRO _____ PRINT NAME _____
 (Important: You must attach a copy of US Figure Skating coach's registration card for verification.)

DANCE TESTS

Circle category you are testing

STANDARD

SOLO

ADULT (25 and over)

MASTERS (over 50)

Circle each dance test you wish to take.

PRELIMINARY \$25 each	Dutch Waltz	Canasta Tango	Rhythm Blue
PRE-BRONZE \$28 each	Swing Dance	Fiesta Tango	Cha Ch
BRONZE \$32 each	Hickory Hoe Down	Willow Waltz	Ten Fox
PRE-SILVER \$40 each	14 Step	Fox Trot	European Waltz
SILVER \$49 each	Rocker Foxtrot	Tango	American Waltz
PRE-GOLD.....\$55 each	Blues	Kilian	Paso Doble
GOLD.....\$60 each	Viennese Waltz	Argentine Tango	Westminster Waltz

INTERNATIONAL.....\$65 each	Tango Romantica	Ravensburger Waltz	Cha Cha Congelado	Yankee Polka
	Rhumba	Austrian Waltz	Silver Samba	Golden Waltz
				Midnight Blues

FREE DANCE: (PER CANDIDATE)	Juvenile \$30	Intermediate \$40	Novice \$45	Junior \$50	Senior \$60
ADULT FREE DANCE: (PER CANDIDATE)		Pre-Bronze \$35	Bronze \$40	Silver \$45	Gold \$50

DANCE PARTNER _____ HOME CLUB _____ USFSA# _____
 Will this test(s) complete the dance level you are on? yes _____ no _____

SIGNATURE OF PRO _____ PRINT NAME _____
 (Important: You must attach a copy of US Figure Skating coach's registration card for verification.)

Mail application and make checks payable to:
SPRINGDALE FIGURE SKATING CLUB
P.O. Box 4557
Stamford, CT 06907-0557

TOTAL FOR ALL TESTS	_____
ASSOCIATE MEMBER FEE \$10	_____
GUEST FEE \$40	_____
LATE FEE \$50	_____
*HOSPITALITY FEE (all skaters)	10.00
GRAND TOTAL	_____

*The hospitality and music fee help defray the cost of reimbursing judges for their out-of-pocket expenses (travel, etc.), a thank you gift and providing them with lunch and refreshments.

TEST ETIQUETTE

1. The test chairman has a very demanding job scheduling and running a test session. Please do not make any special requests. Do not request a particular judge or judges. Test sheets are prepared in advance and judges are randomly assigned based on their judging level.
2. Please be respectful of the judges' privacy. Only judges and Test Chairman are allowed in judges' room.
3. Arrive one hour before scheduled test time and pay close attention to Ice Monitor.
4. Ice Monitor will inform you of any unforeseen schedule changes and will make sure you take the ice at the proper time.
5. Absolutely no admission to the ice rink unless it is your turn to skate.
6. Parents, please watch from viewing area.
7. The Test Chairperson, will collect the test sheets from the judges, make copies, and distribute them to the skaters as soon as possible. Please be patient.
8. Please be respectful of other skaters' privacy with regard to their test results.
9. Encourage and support fellow skaters. Good Luck!