

ANN ARBOR FIGURE SKATING CLUB TEST APPLICATION (8/7/17 a)

Test Date _____

NAME _____ AGE _____ PHONE _____ **USFS #** _____

EMAIL: _____ HOME CLUB _____

Second Club ? _____

Second Club members must include **Test Permission Form**

TEST REQUESTED: FIG _____, FLD MVE _____, FREE _____, PAIR _____, DANCE(S) _____

(Contingent FEES will be charged - NO REFUNDS)

If Dance or Pairs, Name of Partner _____

Adult _____ Masters _____ Solo _____ Test ?

Partner Approval _____ ?

USFS CLUB COACH _____

Parent: _____

Coach Phone No. _____

Coach Signature _____

Signature (if skater under 18) _____

Coach email: _____

Coach USFS # _____

LIST OTHER PROFESSIONALS FROM WHOM YOU HAVE TAKEN ANY KIND OF LESSONS IN THE PAST 365 DAYS

**** OUT OF CLUB candidates - \$25.00 FEE and TEST PERMISSION FORM from Home Club Test Chair.**
May email to: Bstoermer82@gmail.com

DANCE TESTS	
(each dance)	
Pre	\$ 15.00
Pre-Bronze	15.00
Bronze	20.00
Pre-Silver	25.00
Silver	30.00
Pre-Gold	35.00
Gold	40.00
International	45.00

FIELD MOVES	
Pre-Prelim	\$ 20.00
Preliminary	35.00
Pre-Juvenile	45.00
Juvenile	50.00
Intermediate	55.00
Novice	65.00
Junior	70.00
Senior	75.00

FREESTYLE TESTS	
Pre-Prelim	\$ 15.00
Preliminary	20.00
Pre-Juvenile	25.00
Juvenile	30.00
Intermediate	35.00
Novice	40.00
Junior	50.00
Senior	60.00

ADULT Tests	
FIELD MOVES	
Pre Bronze	\$ 25.00
Bronze	35.00
Silver	45.00
Gold	55.00
FREESTYLE	
Pre Bronze	\$ 25.00
Bronze	35.00
Silver	45.00
Gold	55.00

FREE DANCE	
Solo / Partnered	
(per tester)	
Juvenile	\$ 15.00
Intermediate	25.00
Novice	35.00
Junior	45.00
Senior	55.00

Special Olympics/Therapeutic Tests			
FIELD MOVES		FREE STYLE	
Pre Bronze	15.00	Pre Bronze	10.00
Bronze	15.00	Bronze	15.00
Silver	20.00	Silver	20.00
Gold	25.00	Gold	25.00

Competition Equivalent	
All Tests	25.00

Figure, Pair Tests upon request.

ALL TESTERS MUST BE current USFS MEMBERS

WILL YOU HELP AT SESSION? YES NO

SEND completed APPLICATIONS, FORMS, and FEES to:

Ann Arbor Figure Skating Club
2121 Oak Valley Drive
Ann Arbor, MI 48103
734-213-6768

NO REFUNDS
illness or injury
MAY be excepted

TEST FEES \$ _____
ADMINISTRATION FEE **18.00** (per Test Session)
OUT OF CLUB FEE - \$25 _____ (per Test Session)

TOTAL ENCLOSED \$ _____ To: **AAFSC**

8/07/17a