

Cutting Edge Figure Skating Club USFS Test Application

Test Date: Sunday, 8-22-10

Application Deadline: Monday, 8-2-10

Skater Information

Skater's Name		USFSA Member #	
Applications cannot be accepted without a valid USFSA member number for the skater!			
Parent/Legal Guardian Name			
Email Address			
Street Address			
City	State	Zip	
Home Phone	Cell Phone		

I hereby certify that all information contained herein is correct, and I am eligible to take the test(s) requested according to the criteria listed in the current the USFS rule book.

Skater's Signature: _____ **Date:** _____

Parent/Guardian's Signature (if skater is a minor) _____

Home Club Information – Non CEFSC Skaters Only

Name of Home Club		USFSA Club #	
Mailing Address			
City	State	Zip	
Test Chair's Name (please print)			
Email Address		Phone	

The following signature of the Test chair attests that the skater is a member in good standing of USFS and their home club, and is eligible to test according to the criteria listed in the current the USFS rule book.

Certifications can be emailed to liannac@wi.rr.com

Test Chair Signature: _____ **Date:** _____

Coach Information

Coach's Name		USFSA Member #	
Applications cannot be accepted without a valid USFS member number for the coach!			
Coach's name must appear on the USFS Registered Coaches list at www.usfigureskating.org			
Will a different coach be putting your skater on the ice for this test session? Yes___ No___			
If Yes, please give name of coach (must be USFS registered to stand at ice door! _____)			
Email Address			
Street Address			
City	State	Zip	
Home Phone	Cell Phone		

Your signature certifies the skater's readiness to test. Refunds are not given for skaters scratching their tests! CEFSC is not responsible for changes made on the second page after you have signed the application. Feel free to initial those tests you have acknowledged and keep a copy of the application for your records.

Coach's Signature: _____ **Date:** _____

NOTE: All signatures/certifications must be received before application is considered complete

Please complete other side of form

Schedule of Tests

<u>Dance</u>		
Preliminary		\$25
DW	CT	RB
Pre Bronze		\$30
SD	CC	FIT
Bronze		\$30
HH	WW	TF
Pre Silver		\$35
14	EW	FT
Silver		\$40
AW	T	RF
Pre Gold		\$40
K	B	S
Gold		\$45
VW	WW	Q
Jr. International		\$40
R	SW	AW
Sr. International		\$40
YP	RW	TR
Other		\$40
Specify _____		

(Circle Applicable Tests)
AND
(Circle Type of Test)
 Standard Solo Masters
 Adult

<u>Moves in the Field</u>	
Pre-Preliminary	\$25
Preliminary	\$35
Pre-Juvenile	\$40
Juvenile	\$40
Intermediate	\$45
Novice	\$45
Junior	\$50
Senior	\$50
Adult Pre-Bronze	\$35
Adult Bronze	\$40
Adult Silver	\$45
Adult Gold	\$50

(Circle Applicable Test)

If this is a "Retry"
 indicate
 date last tested:

Dance Partner Information
Name
Home Club
USFSA#

Please Pay Partners Directly!

<u>Free Skate/Pair</u>	
Pre-Preliminary	\$25
Preliminary	\$25
Pre-Juvenile	\$30
Juvenile	\$30
Intermediate	\$35
Novice	\$35
Junior	\$40
Senior	\$40
Adult Bronze	\$25
Adult Silver	\$30
Adult Gold	\$35

(Circle Applicable Test)

Total Fees	
Moves	\$
Free Skate	\$
Dance	\$
Out of Club - \$25 *	\$
<i>Out of Club Fee Not Applicable to CEFSC Members</i>	
Late Fee - \$10 **	\$
TOTAL ***	\$

NOTE:

* Out-of-Club fees do not apply to Cutting Edge Figure Skating Club Members

** Late Fee applies to all applications received after the deadline date

*** All fees must accompany the test application; checks should be made payable to "CEFSC"
Fees are non-refundable since ice time is scheduled by the number of applications received.

Applications are accepted up until the deadline or until the test session is full
 and will be prioritized according to the date completed applications are received.

Instructions

Mail Application and Check to:
 Cutting Edge Figure Skating Club
 PO Box 580782
 Pleasant Prairie, WI 53158

Inquires to:
liannac@wi.rr.com
No telephone calls, please!

The schedule will be posted on the club's website approximately three days after the close date at
www.CuttingEdgeFSC.org

Please retain copies of this application for your records.

For Test Chair Use Only

Date Received: _____ Amount Received _____ Check No _____

- | | | |
|--|--|--|
| <input type="checkbox"/> Club Certification Rec'd | <input type="checkbox"/> Coach Certification Rec'd | <input type="checkbox"/> Logged Into Master Spreadsheet |
| <input type="checkbox"/> Pre-Registered/USFS Website | <input type="checkbox"/> Forms Printed | <input type="checkbox"/> Test Scores Entered/Filed with USFS |