

Winterhurst Figure Skating Club Test Application (Test Date _____)

Test applications are due in the WFSC office no later than 2 weeks prior to test date. No refunds once the deadline has passed. Late applications will only be accepted if schedule/time permits and will include a \$20 late fee. PLEASE COMPLETE ALL FIELDS.

Name: _____ USFSA#: _____ Home Club: _____

Home address: _____

Phone#: _____ Email: _____

Coach: _____ Coach Signature: _____ Email: _____

FOR OUT OF CLUB PERMISSION, PLEASE HAVE YOUR HOME CLUB EMAIL TEST CHAIR AT: winterhursttestchair@gmail.com OR ATTACH THE PERMISSION FORM.

Applicants signature: (if under 18, parent or guardian) _____

(By signing this form, I hereby release WFSC, all Board members, and volunteers from responsibility in the event of loss or injury during this club sponsored event.)

Test	Cost	Moves	Free	Pairs
Pre-Preliminary	\$25			
Preliminary	\$25			
Pre-juvenile	\$30			
Juvenile	\$34			
Intermediate	\$35			
Novice	\$42			
Junior	\$47			
Senior	\$52			
Intermediate supplemental	\$52			
Senior supplemental	\$52			
Adult Pre-Bronze	\$25			
Adult Bronze	\$30			
Adult Silver	\$35			
Adult Gold	\$47			

DANCES: Partner Name _____ or Solo _____

Dances: *Please Circle each Dance you are testing.*

Price is for each dance you are testing.

Preliminary: \$20 Dutch Waltz Canasta Tango Rhythm Blues

Pre-Bronze: \$22 Cha Cha Swing Dance Fiesta Tango

Bronze: \$25 Ten Fox Willow Waltz Hickory Hoedown

Pre-Silver: \$25 Foxtrot European Waltz Fourteenstep

Silver: \$34 Tango American Waltz Rocker Foxtrot

Pre-Gold: \$35 Killian Blues Paso Doble Starlight Waltz

Gold: \$45 Quickstep Viennese Waltz Westminster

Argentine Tango

International: \$48 (please list) _____

Free Dances: \$45 (please list) _____

Totals:

*Please pay only the one ice fee that applies.

Moves: _____

Freestyle: _____

Please send application and check made payable to: WFSC

Dances: _____

Winterhurst FSC, Test Chair

Pairs: _____

14740 Lakewood Hts. Blvd

*Member/Associate Ice Fee: _____ \$10

Lakewood, OH 44107

*Non-Member Ice Fee: _____ \$20

*Separate check required for contingent tests.

Total: _____