



Channel Islands Figure Skating Club

USFS Test Application – **Adult Tests Only**



PERSONAL INFORMATION (PLEASE PRINT)

Test Date _____

Name _____ Sex M/F _____ USFS # _____

Address _____ City _____

State _____ Zip _____ Phone (____) _____ (____) _____

E-mail _____ Home Club _____
Home Work

Coach _____ Phone (____) _____

Conditions of Channel Islands Figure Skating Club (CIFSC) acceptance of this form:

The CIFSC Test Chairperson, indicated on this form, must be in receipt of this application and all applicable test fees three weeks prior to the test date requested. **(A permission slip must accompany this form if the candidate is not a home club member of CIFSC.)**

Test fees are non-refundable unless cancellation is due to a doctor certified illness/injury, due to judges/ice availability, or if there are too few applicants for the session time allotment. A request to move a test to a later date will be considered a cancellation; a new test form and fees must be submitted. Checks should be made payable to: **CIFSC**

Priority on tests will be given to CIFSC club members. Test applications will be processed/scheduled in the order received.

Additional fees: (all candidates a judge mileage fee: \$10.00) (second club member: \$20.00) (non members: \$30.00)

Mail test applications, fees, and direct inquiries to the **CIFSC Test Chairperson:**

Denise Pendleton (805) 827-5278
1582 Matthews Ave., Ventura, CA 93004
e-mail: jeffdenise@roadrunner.com

ADULT MOVES IN THE FIELD		ADULT FREESKATING		ADULT PAIR TESTS		Fees & Charges	
<input type="checkbox"/>	PRE-BRONZE \$20.00	<input type="checkbox"/>	PRE-BRONZE \$20.00	<input type="checkbox"/>	BRONZE \$25.00	Non-member \$ _____	•
<input type="checkbox"/>	BRONZE \$30.00	<input type="checkbox"/>	BRONZE \$20.00	<input type="checkbox"/>	SILVER \$30.00	Second club \$ _____	•
<input type="checkbox"/>	SILVER \$40.00	<input type="checkbox"/>	SILVER \$25.00	<input type="checkbox"/>	GOLD \$35.00	Test Fee \$ _____	•
<input type="checkbox"/>	GOLD \$45.00	<input type="checkbox"/>	GOLD \$30.00			Mileage \$ 10.00	
						TOTAL \$ _____	•
						PAIR PARTNER'S NAME _____	

ADULT COMPULSORY DANCE TESTS

<input type="checkbox"/>	PRELIMINARY \$20.00 ea	<input type="checkbox"/>	solo	<input type="checkbox"/>	SILVER \$25.00 ea	<input type="checkbox"/>	solo	DANCE CODES TO BE TESTED (i.e DW, CT, RB)
<input type="checkbox"/>	PRE-BRONZE \$20.00 ea	<input type="checkbox"/>	solo	<input type="checkbox"/>	PRE-GOLD \$25.00 ea	<input type="checkbox"/>	solo	
<input type="checkbox"/>	BRONZE \$20.00 ea	<input type="checkbox"/>	solo	<input type="checkbox"/>	GOLD \$30.00 ea	<input type="checkbox"/>	solo	
<input type="checkbox"/>	PRE-SILVER \$20.00 ea	<input type="checkbox"/>	solo	<input type="checkbox"/>	INTERNATIONAL \$35.00 ea			
								DANCE PARTNER'S NAME (UNLESS SOLO) _____

I certify that the above information is correct and complete, and I have received and I understand the conditions herein. I also understand that test session time, ice availability and judges availability is limited, and that I may not be able to have all or part of the requested test(s) on the date requested and that my requested test(s) may be rescheduled for a different date and/or time by the test chairperson.

Test Candidate _____ **Date** _____
Signature

Coach or Professional _____ **Date** _____
Signature

Club use only Date Rec'd _____ Test Date _____ Fees Rec'd _____ Date to Treasurer _____