



Channel Islands Figure Skating Club

USFS Test Application



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 hospitality fee: \$10.00) (second club member: \$20.00) (non members: \$30.00)

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

Frank Anderson (805)687-4389
P.O. Box 31083, Santa Barbara, CA 93130
e-mail: f_d_anderson@yahoo.com

MOVES IN THE FIELD		FREESKATING		PAIR TESTS		Fees & Charges
<input type="checkbox"/>	PRE-PRELIM \$20.00	<input type="checkbox"/>	PRE-PRELIM \$15.00	<input type="checkbox"/>	PRELIMINARY \$20.00	
<input type="checkbox"/>	PRELIMINARY \$25.00	<input type="checkbox"/>	PRELIMINARY \$20.00	<input type="checkbox"/>	JUVENILE \$20.00	
<input type="checkbox"/>	PRE-JUVENILE \$30.00	<input type="checkbox"/>	PRE-JUVENILE \$25.00	<input type="checkbox"/>	INTERMEDIATE \$25.00	
<input type="checkbox"/>	JUVENILE \$35.00	<input type="checkbox"/>	JUVENILE \$25.00	<input type="checkbox"/>	NOVICE \$30.00	
<input type="checkbox"/>	INTERMEDIATE \$35.00	<input type="checkbox"/>	INTERMEDIATE \$30.00	<input type="checkbox"/>	JUNIOR \$35.00	
<input type="checkbox"/>	NOVICE \$40.00	<input type="checkbox"/>	NOVICE \$35.00	<input type="checkbox"/>	SENIOR \$40.00	
<input type="checkbox"/>	JUNIOR \$40.00	<input type="checkbox"/>	JUNIOR \$40.00	PAIR PARTNER'S NAME _____		
<input type="checkbox"/>	SENIOR \$45.00	<input type="checkbox"/>	SENIOR \$45.00			

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) DANCE PARTNER'S NAME (UNLESS SOLO) _____
<input type="checkbox"/>	PRE-BRONZE \$20.00 ea	<input type="checkbox"/>	solo	<input type="checkbox"/>	PRE-GOLD \$30.00 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			

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

Parent or Guardian _____ **Date** _____
(Required if skater is under 18 years) Signature

Coach or Professional _____ **Date** _____
Signature

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