

CCFSC Test Application



For Test Date of: ___/___/___

Name _____ USFSA # _____ (Required)

Address _____ Phone# _____

Email _____

Home club _____ Cell # _____ Dance Partner _____
(If applicable)

Pro Signature _____ Pro Phone# _____ Pro Email _____

Skater/Parent or Guardian Signature _____ Date: _____

PERMISSION TO TEST IF NOT A HOME CLUB MEMBER:

(Name) _____ is a member in good standing with (club) _____

Signed _____ Title _____ Date _____

TEST FEES – CHECK THE TEST(S) YOU WISH TO TAKE

MOVES			FREE SKATE		PAIRS (EACH TESTER)		DANCE (EACH TESTER)				
	PRE PRELIMINARY	\$34		PRE PRELIMINARY	\$24		PRE JUVENILE	\$24		PRELIMINARY	\$24*
	PRELIMINARY	\$39		PRELIMINARY	\$29		JUVENILE	\$29		PRE BRONZE	\$29
	PRE JUVENILE	\$44		PRE JUVENILE	\$34		INTERMEDIATE	\$39		BRONZE	\$39
	JUVENILE	\$44		JUVENILE	\$39		NOVICE	\$59		PRE SILVER	\$44
	INTERMEDIATE	\$49		INTERMEDIATE	\$44		JUNIOR	\$69		SILVER	\$59
	NOVICE	\$69		NOVICE	\$64		SENIOR	\$79		PRE GOLD	\$69
	JUNIOR	\$84		JUNIOR	\$69		ADULT BRONZE	\$29		GOLD	\$84
	SENIOR	\$94		SENIOR	\$79		ADULT SILVER	\$34		INTERNATIONAL	\$89
	ADULT PRE BRONZE	\$39		ADULT PRE BRONZE	\$29		ADULT GOLD	\$64		JUVENILE FREE DANCE	\$29
	ADULT BRONZE	\$44		ADULT BRONZE	\$39					INTERMEDIATE FREE DANCE	\$39
	ADULT SILVER	\$54		ADULT SILVER	\$44					NOVICE FREE DANCE	\$64
	ADULT GOLD	\$84		ADULT GOLD	\$64					JUNIOR FREE DANCE	\$74
	INTERMEDIATE SUPPLEMENTAL	\$55		SENIOR SUPPLEMENTAL	\$74					SENIOR FREE DANCE	\$84

LIST NAME OF EACH DANCE:

**ALL PRELIMINARY DANCES TAKEN IN THE SAME SESSION: \$60

A \$25 FEE WILL APPLY TO NON-CLUB SKATERS. Club Members include both home and associate members. The \$25 will be waived -for home members of clubs with reciprocity: St. Peters FSA, Metro Edge FSC, STL Skating Club, East Alton SA, Lindenwood Univ.

Moves Total	\$	<ol style="list-style-type: none"> 1) Application and test fee are due <i>as soon as possible</i>. 2) Test fee will not be returned if skater/coach/parent cancels the test during the last 2 weeks before the test date – unless for a medical reason with a letter from doctor. 3) Applications will be closed when time allotted for the test session is filled or on the deadline. 4) Applications not received by the requested due date will have a \$25 late fee added.
Dance Total	\$	
Free skate/Pairs Total	\$	
\$25 Late Fee (If Applicable)	\$	
\$25 Non-Member Fee (Applies to non-club members whose club lacks reciprocity)	\$	
Total Amount Enclosed	\$	

Make Check(s) payable to CCFSC. Send application to: Attn: Test Chair, 9360 Old Bonhomme, Olivette MO 63132
testchair.CCFSC@gmail.com