SKATING CLUB OF NOVI USFS TEST APPLICATION
Novi Ice Arena 42400 ARENA DR., NOVI MI 48375 (248) 347-1010

TEST DATE: _____AGE_____

NAME_____**USFSA#**_____
ADDRESS_____**PHONE#**_____
CITY_____**STATE** _____**ZIP CODE**_____
EMAIL ADDRESS:_____
HOME CLUB_____

DANCE **Partners Name:** _____ **Partner USFS #**_____ **Complete Set? Yes or No**
Select one: Standard _____ Solo Dance _____ Adult-21 & Over _____ Master-50 & Over _____ **FEES ARE PER EACH TEST CHECKED**

PRELIMINARY	$15.00 ea. Dutch Waltz _____	Canasta Tango_____	Rhythm Blues_____	
PRE-BRONZE	$15.00 ea. Swing _____	Cha-Cha_____	Fiesta Tango_____	
BRONZE	$20.00 ea. Hickory Hoedown_____	Willow Waltz_____	Ten Fox_____	
PRE-SILVER	$20.00 ea. Fourteen Step_____	European Waltz_____	Foxtrot_____	
SILVER	$25.00 ea. American Waltz _____	Harris Tango _____	Rocker Foxtrot_____	
PRE-GOLD	$25.00 ea. Starlight Waltz _____	Killian_____	Blues_____	Paso Double _____
GOLD	$30.00 ea. Viennese Waltz _____	Westminster Waltz_____	Quickstep _____	Argentine Tango _____
INTERNATIONAL	$30.00 ea. List Dance(s)_____			
FREE DANCE	$30.00 ea. Juvenile_____ Intermediate_____ Novice_____ Junior_____ Senior_____			

PAIRS/MOVES IN THE FIELD		**FREESTYLE**	
PRE-PRELIMINARY	$20.00	PRE-PRELIMINARY	$15.00
PRELIMINARY	$25.00	PRELIMINARY	$20.00
PRE-JUVENILE	$35.00	PRE-JUVENILE	$20.00
JUVENILE	$35.00	JUVENILE	$25.00
INTERMEDIATE	$45.00	INTERMEDIATE	$30.00
NOVICE	$50.00	NOVICE	$35.00
JUNIOR	$55.00	JUNIOR	$45.00
SENIOR	$65.00	SENIOR	$50.00

ADULT	**MOVES**	**FREESTYLE**
PREBRONZE	$20.00__	$20.00__
BRONZE	$30.00__	$30.00__
SILVER	$40.00__	$40.00__
GOLD	$50.00__	$50.00__

Make check or money order payable to **SKATING CLUB OF NOVI**
(Check #_____) **Please, Cash NOT Accepted**

TEST FEES_____ JUDGES FEE $15.00 OUT OF CLUB FEE* $20.00 TOTAL FEES_____

. ***Non-member skaters must pay an additional $20.00 Out Of Club Fee**. Skaters from Lansing SC, SA Plymouth, Farmington HFSC, and Westland FSC are exempt from Out of Club fee. **NO REFUNDS!**

SIGNATURE PARENT:_____SIGNATURE COACH:_____
PRINT PARENT NAME: _____PRINT COACH NAME: _____
COACH USFS #:_____

***COACH MUST PRESENT USFS COACH REGISTRATION CARD**. ALL coaches must bring with them or provide proof of USFS membership, liability insurance, Coaches registration card and CER certification. Failure to do so may result in the coach not being able to stand rink side for skaters test.

CERTIFICATION OF SKATER TESTING AT ANOTHER CLUB: The applicant named above is a member in good standing with the Home Club as indicated and is eligible to take USFSA test(s) applied for.
SIGNATURE HOME CLUB TEST CHAIRMAN:_____DATE_____
HOME CLUB TEST CHAIRMAN EMAIL ADDRESS:_____

Completed applications with test fees must be received by the Test Chairman 14 days prior to test date

Submit application to:

SCN Test Chairman
Novi Ice Arena
42400 Arena DR
Novi, MI 48375
SCNtestchair@gmail.com

OR

Skating Club of Novi Mailbox
Attention: Test Chairman

Version: 05/20/10