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-25 & 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	
PRE-PRELIMINARY	$20.00
PRELIMINARY	$25.00
PRE-JUVENILE	$35.00
JUVENILE	$35.00
INTERMEDIATE	$45.00
NOVICE	$50.00
JUNIOR	$55.00
SENIOR	$65.00

FREESTYLE	
PRE-PRELIMINARY	$15.00
PRELIMINARY	$20.00
PRE-JUVENILE	$20.00
JUVENILE	$25.00
INTERMEDIATE	$30.00
NOVICE	$35.00
JUNIOR	$45.00
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 Artic Edge SC, 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**

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: 09/12/2008