

NORTHERN ICE SKATING CLUB

DANCE TEST APPLICATION

Day/Date of Test _____ USFS #: _____

Candidate Name _____ Home Club _____

Address: _____ Telephone: _____

Parent Name/Email: _____

Coach Name/Email: _____

Test(s) to be taken: _____

Type of test: ____ Standard (Solo ____ Yes ____ No) Partner: _____

____ Adult ____ Master ____ Solo

TEST FEES: Included in the fee is ice cost, USFSA fee, and judge's expenses. Circle all:

Preliminary \$30.00 per dance (DW, CT, RB)

Pre- Bronze/Bronze \$35.00 per dance (SD, CHA, FIT, HH WIW, TF)

Pre- Silver/Silver \$40.00 per dance (14S, EW, FT, AW, T, RF)

Pre -Gold/Gold \$50.00 per dance (K, B, PD, SW, VW, WW, QS, AT)

International/Free Dance \$55.00 per dance (AW, CCC, FS, GW, MB, RW, R, SS, TR, AP)

DuPage Figure Skating Club out-of-club fee is \$20.00

Total Due \$_____ Make check payable to "Northern Ice Skating Club"

Mail to: Helen Biggers

7S770 Creek Drive

Naperville IL 60540

Please be sure to return this form with your check.

Cancellations less than 72 hours prior to test will forfeit fees.

If a permission letter is required, please enclose it with your check.

Any questions, please contact testing@northernice.org

Postmark: _____

Check #: _____

Amount: _____

PLEASE NOTE: WE WILL NOT HOLD ANY SPOT UNTIL WE RECEIVE APP/CHECK