

Escondido Figure Skating Club – Singles/Pairs Test Application

Please ensure to fill out the form COMPLETELY. Incomplete forms will NOT be accepted. All applicants must be approved and signed by the coach and parent/guardian, if candidate is under 18 years of age. **Skater responsible for accuracy of all information on form.**

Name (EXACTLY as on your USFSA card) _____ Test Date you are requesting / /
 Last Test Passed _____ Date of Last Test Passed _____ Club Where Taken _____
 Address _____ City _____ State _____ Zip Code _____
 Telephone (_____) _____ Home Club _____ USFSA # _____

If not Escondido HOME Member, you must have your Club's WRITTEN permission to test
 PERMISSION TO TEST FOR SKATERS WHO ARE NOT ESCONDIDO HOME CLUB MEMBERS

This certifies that _____ is a member in good standing of _____ and has permission to test on the above date.

~~Signature of Home Club's Board Member is mandatory for all Non-Home Club members testing~~

Please check the tests that you are requesting to test, ensuring that you qualify to take the test being requested:

Freestyle					
Moves in the Field		Free Skating		Pairs (per skater) *	
---- Pre-Preliminary	\$23.00	---- Pre-Preliminary	\$23.00	---- Preliminary	\$23.00
---- Preliminary	\$23.00	---- Preliminary	\$23.00	--- Juvenile	\$25.00
---- Pre-Juvenile	\$25.00	---- Pre-Juvenile	\$25.00	---- Intermediate	\$27.00
---- Juvenile	\$25.00	---- Juvenile	\$25.00	---- Novice	\$30.00
---- Intermediate	\$27.00	---- Intermediate	\$27.00	--- Junior	\$40.00
---- Novice	\$30.00	---- Novice	\$30.00	---- Senior	\$45.00
---- Junior	\$40.00	---- Junior	\$40.00		
---- Senior	\$45.00	---- Senior	\$45.00		
---- Adult Pre Bronze	\$23.00	---- Adult Free Skating			
---- Adult Bronze	\$23.00	---- Adult Pre-Bronze	\$23.00		
---- Adult Silver	\$25.00	---- Adult Bronze	\$23.00		
---- Adult Gold	\$30.00	---- Adult Silver	\$25.00		
		---- Adult Gold	\$30.00		

Please complete the following:

Partners Name _____ Pro or USFSA # _____

Home Club _____ Test Level _____

Make checks payable to: Escondido FSC

Appropriate fees must accompany the test request form and be postmarked by the application deadline posted. A \$15.00 late fee will be charged if late and it is the Test Chairs discretion whether the application will be accepted late. Test applications received without fees and without a board member signature will be returned to the applicant. \$25 fee for any returned checks. The test candidate is responsible for obtaining permission from his/her home club for testing, if said club is not EFSC. If the test candidate cancels a test for ANY reason after the application deadline other than CERTIFIED injury, THE TEST FEES WILL BE FORFEITED. The test candidate must submit a new test request and test fee to reschedule the test.

Requested test dates may not be available due to the number of test requests or judge availability. Tests will be rescheduled for the next available session. If the Test Chairman reschedules the test, no additional fees will be required.

Testing Priority is 1) Home Club members' 2) Associate Members 3) Non-Club members

Send application and check to:

Lynn Geffel 2205 Eycalyptus Escondido, Ca 92029 760 735 2584 efsctestchai r@Yahoo com	<table border="0" style="width: 100%;"> <tr> <td style="text-align: right;">Test Sub-Total</td> <td>_____</td> </tr> <tr> <td style="text-align: right;">\$40 for Non-Club Skaters</td> <td>_____</td> </tr> <tr> <td style="text-align: right;">\$20 for Associate Members</td> <td>_____</td> </tr> <tr> <td style="text-align: right;">\$10 for Ice Fees (REQUIRED ALL SKATERS)</td> <td>_____</td> </tr> <tr> <td style="text-align: right;">\$5 Hospitality Fee(REQUIRED ALL SKATERS)</td> <td>_____</td> </tr> <tr> <td style="text-align: right;">Total Fees</td> <td>_____</td> </tr> </table>	Test Sub-Total	_____	\$40 for Non-Club Skaters	_____	\$20 for Associate Members	_____	\$10 for Ice Fees (REQUIRED ALL SKATERS)	_____	\$5 Hospitality Fee(REQUIRED ALL SKATERS)	_____	Total Fees	_____
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Parent's/Guardian's Signature _____

Coach's Signature _____

U.S Figure Skating

Registration # _____

PSA Registration # _____