

# Escondido Figure Skating Club – Dance 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's Name ----- Test Date you are requesting ----- / ----- / -----

Print name EXACTLY as it is on your USFSA card

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 Non Home Club Members to test

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

Dance						
Free Dance						
--- Juvenile	\$18.00					
---- Intermediate	\$20.00					
---- Novice	\$20.00					
--- Junior	\$30.00					
---- Senior	\$35.00					
Compulsory Dances	Each Dance	Circle Desired Test(s)			Please check the appropriate one:	
Preliminary	\$10.00	DW	CT	RB		
Pre-Bronze	\$10.00	SD	CC	FiT	----- Solo	
Bronze	\$15.00	HH	WiW	TF		
Pre-Silver	\$20.00	14S	EW	FT	----- Adult	
Silver	\$20.00	AW	T	RF		
Pre-Gold	\$25.00	SW	K	BL	PD	----- Master
Gold	\$30.00	VW	WW	QS	AT	
International	\$40.00	MB	R	AW	CCC	Does this complete a dance level?
		SS	GW	TR	RW	YP
						----- Yes ----- No

Please complete the following:

Partners Name ----- USFSA # ----- For a Coach include PSA# -----

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 Chair's 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. 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: Kathryn Jones	Test Sub-Total	
1708 Corte Viejo	\$40 For Non-Club Skaters	-----
Oceanside, Ca 92056	\$20 for Associate Members	-----
760 295 6540	\$10 for Ice Fee (REQUIRED ALL SKATERS)	-----
efscstestchair@yahoo.com	\$ 5 for Hospitality Fee (Required All Skaters)	-----
	Total Fees	-----

Parent's/Guardian's Signature -----

Coach's Signature -----

July 21, 2008 Revision 5

USFSA # ----- PSA Registration # -----