Traverse City Figure Skating Club Test Application
Test Date: _____

USFS# _____ Skater's Full Name _____
Address_____City/State_____Zip_____
Phone #_____e-mail_____ **(schedules are sent via email)**
Coach signature(s)_____ /_____

Please put an X in the appropriate boxes.

Moves in the Field		**Dance** (partner test fee included – additional lesson fee paid separately)	
☐ Pre-Preliminary $20.00		**Preliminary $32.00 each**	**Silver $67.00 each**
☐ Preliminary $25.00		☐ Dutch Waltz	☐ American Waltz
☐ Pre-Juvenile $30.00		☐ Canasta Tango	☐ Silver Tango
☐ Juvenile $35.00		☐ Rhythm Blues	☐ Rocker Foxtrot
☐ Intermediate $45.00		**Pre-Bronze $37.00 each**	**Pre-Gold $72.00 each**
☐ Novice $50.00		☐ Cha-Cha	☐ Killian
☐ Junior $55.00		☐ Fiesta Tango	☐ Blues
☐ Senior $60.00		☐ Swing	☐ Paso Doble
Freestyle		**Bronze $42.00 each**	☐ Starlight
☐ Pre-Preliminary $15.00		☐ Willow Waltz	**Gold $77.00 each**
☐ Preliminary $20.00		☐ Ten Fox	☐ Viennese
☐ Pre-Juvenile $25.00		☐ Hickory Hoe-down	☐ Westminster
☐ Juvenile $35.00		**Pre-Silver $47.00 each**	☐ Quickstep
☐ Intermediate $40.00		☐ Fourteen Step	☐ Argentine Tango
☐ Novice $45.00		☐ European Waltz	
☐ Junior $50.00		☐ Foxtrot	
☐ Senior $55.00			

Total of Fees from Tests Above (includes test, 15-minute practice, USFS filing fee)	$
TCFSC Dance Partner Hospitality Fee (mileage, lodging, practice ice) (lesson time is separate)	$ 20.00 – (if using TBSC dance partner)
Judges mileage, hospitality, lodging	$ 20.00 required
Out of Club Fee (non-TCFSC skater)	$ 15.00
Make checks payable to: Traverse City Figure Skating Club (TCFSC) **TOTAL**	$

Please note that as ice time and judging arrangements must be scheduled in advance, there are **No Refunds. Applications are due no later than 3 weeks prior to test date. Payment and signatures are required at time of application.** No late forms accepted.

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*NON-TCFSC MEMBERS must have the LETTER OF PERMISSION (below) signed by their home club TEST- CHAIRPERSON before testing will be allowed.

This certifies that _____, is a member in good standing of the

_____, has met all the requirements, and is eligible to test.
(Home club name)

_____ _____ _____
Test Chairperson Signature Date E-mail address

Out of club testers, please mail form w/ signatures and payments to be received by due date to TCFSC Test Chair : PO Box 129, Elk Rapids, MI 49629. Questions: 231-631-2486 or gator5some@gmail.com