

Heritage Skating Academy Test Application

Test Date _____

Name _____ USFSA# _____

Address _____ City _____ Zip _____

Home Club _____ Are you a Second Club Member Yes _____ No _____

Phone # _____ E-mail _____

Last Test Taken _____ Date _____

If Testing Pairs / Dance: Name of Partner _____ USFSA# _____

Does Passing This Test Complete The Set of Dances: Yes _____ No _____

Will Applicant Solo? Yes _____ No _____

FREESTYLE		
Pre-Preliminary		10.00
Preliminary		15.00
Pre-Juvenile		20.00
Juvenile		25.00
Intermediate		30.00
Novice		35.00
Junior		40.00
Senior		50.00

FIELD MOVES		
Pre-Preliminary		15.00
Preliminary		20.00
Pre-Juvenile		25.00
Juvenile		30.00
Intermediate		35.00
Novice		40.00
Junior		45.00
Senior		55.00

DANCE		
Preliminary		10.00
Pre-Bronze		10.00
Bronze		15.00
Pre-Silver		15.00
Silver		20.00
Pre-Gold		25.00
Gold		35.00
Fees are per dance		

PAIRS		
Preliminary		15.00
Juvenile		20.00
Intermediate		25.00
Novice		30.00
Junior		40.00
Senior		50.00
Fees are per skater		

ADULT FREESTYLE		
Pre-Bronze		25.00
Bronze		35.00
Silver		45.00
Gold		50.00

TESTING FEE(S)	\$
	\$
	\$
HOSPITALITY FEE(S)	\$
OUT OF CLUB FEE(S)	\$
LATE FEE(S)	\$
	\$
TOTAL AMT. DUE	\$

IF YOU WISH FOR YOUR SCHOOL TO BE INFORMED, FILL IN THE FOLLOWING:

School Name _____ Principal's Name _____

School Address _____ City / Zip _____

PLEASE INCLUDE \$10.00 JUDGES HOSPITALITY FEE WITH APPLICATION PER CANDIDATE

OUT OF CLUB FEE \$20.00 FOR NON-MEMBERS **LATE FEE \$20.00 IF LESS THAN 14 DAYS PRIOR TO TEST**

APPLICATIONS MUST BE COMPLETED AND RETURNED WITH ALL APPROPRIATE FEES INCLUDED AT LEAST 14 DAYS PRIOR TO TEST SESSION. **NO REFUNDS**. (A \$30.00 NSF Fee will be charged for all returned checks.)
 PARENT / GUARDIAN SIGNATURE REQUIRED IF SKATER IS UNDER 18 YEARS OF AGE.

THE APPLICANT IS IN GOOD STANDING AND QUALIFIED TO TAKE THIS TEST

Parent / Guardian _____ Signature _____ Professional _____ Signature _____

Club Officer _____ Signature _____ Please Print - Name and Board Position _____

Send Applications to: Heritage Skating Academy, P.O. Box 2173 Taylor, Mi., 48180

Office use: Cash: Check#: Date Received: Approved By: