

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 | |

**Note - Dearborn FSC and Garden City FSC
Do **NOT** pay out of club fee

| | |
|---------------------------|-----------|
| 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 652 Taylor, Mi., 48180

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