

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. IF APPLICANT IS NOT A MEMBER OF HERITAGE S. A., PERMISSION TO TEST AND PROFESSIONAL'S SIGNATURE ARE REQUIRED.

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

Parent / Guardian _____ Signature _____ Professional _____ Signature _____

Test Chair _____ Signature _____ Name and Address of Home Club Test Chair _____

Send Applications to: Heritage Skating Academy, P.O. Box 652 Taylor, Mi., 48180

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