

Skating Club of Central New York Test Session Application (2008-2009)

Circle your test date: November 8, 2008 March 13, 2009 June 6, 2009 August 27, 2009
Postmarked Deadlines: (October 21, 2008) (February 23, 2009) (May 19, 2009) (August 9, 2009)

Please Print:

Name _____ USFSA # _____ (Required)
 Address _____ Phone # _____
 _____ E-Mail _____
 Home Club _____ Cell Phone _____

Circle the **name of each test** that you are taking and the **fee** from the tables below:

Dances					SC of CNY Members	NON SC of CNY
Preliminary	DW	CT	RB		\$20	\$27
PreBronze	SD	CC	FIT		\$25	\$30
Bronze	HH	WIW	TF		\$28	\$35
PreSilver	14S	EW	FT		\$30	\$37
Silver	AW	T	RF		\$35	\$45
PreGold	K	BL	PD	SW	\$40	\$48
Gold	VW	WW	QS	AT	\$45	\$55
International	RV	SS	MB	CON	\$55	\$65
International Continued..	YP	TR	GW	AW	\$55	\$65
Solo Track	Yes	No	Schedule of test times will be posted at the rink and our website one week prior to the test date. Email test chair with questions or confirmations: shelly@twcny.rr.com			
Standard Track	Yes	No				
Adult Solo Track	Yes	No				
Adult Masters Track	Yes	No				
Does this complete a dance level?					Yes	No
Dance Partner Name _____						
Pro Signature _____						

Moves in the Field	SC of CNY Members	Non SC of CNY
PrePreliminary	\$25	\$32
Preliminary	\$30	\$35
PreJuvenile	\$33	\$38
Juvenile	\$35	\$40
Intermediate	\$40	\$45
Novice	\$45	\$50
Junior	\$50	\$55
Senior	\$55	\$60
Adult PreBronze	\$30	\$35
Adult Bronze	\$35	\$40
Adult Silver	\$40	\$45
Adult Gold	\$45	\$50

Free skate/ Pairs	SC of CNY Members	Non SC of CNY
PrePreliminary	\$25	\$32
Preliminary	\$30	\$35
PreJuvenile	\$33	\$38
Juvenile	\$35	\$40
Intermediate	\$40	\$45
Novice	\$45	\$50
Junior	\$50	\$55
Senior	\$55	\$60
Adult PreBronze	\$30	\$35
Adult Bronze	\$35	\$40
Adult Silver	\$40	\$45
Adult Gold	\$45	\$50

Pro Email _____ Pro Email _____
 Pro Phone _____ Pro Phone _____
 Pro Signature _____ Pro Signature _____

USFS rule: TR 6.03 will apply for damages and injuries which may be suffered by any candidate. Please refer to USFS rule book for further information.
Other Test Not Listed On Form: _____ **Fee:** TBD

Test Fee Summary	Sub Totals	SC of CNY Members	NON SC of CNY	Send Completed Form to: Michelle Kerr, 549 Skyview Terrace, Syracuse, NY 13219 shelly@twcny.rr.com <i>Home Club members have testing priority as long as form and payment are received prior to the deadline. Deadlines serve as an ending date to accept applications and in no way guarantees a skater a testing spot. We can only accommodate skaters up to the amount of ice time and judges available. Forms will not be accepted nor spots held without payment. Payments will not be refunded once a spot is held for the tester. Specific time requests will not be honored unless it is for religious or school reasons.</i>
	Dance Fee Total	\$	\$	
	Moves Fee Total	\$	\$	
	Free skate /Pairs Total	\$	\$	
	Registration Fee	\$10.00	\$15.00	
	Total Amount Enclosed	\$	\$	Check Number: _____

Permission to test for all applicants:

(Name) _____ is a member in good standing with (club) _____

Signed _____ Title _____ Date _____

Parent's Signature or Skater (if over 18) _____ Date _____