



## DuPage Figure Skating Club Dance Test Application

Test Date: \_\_\_\_\_

Name: \_\_\_\_\_

USFS Member #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DuPage FSC Member? (Circle) Y / N

If not a DuPage member, please list home club: \_\_\_\_\_

*\*Our of Club Permission Letter must be included.*

Please circle the test(s) you wish to take. <i>*Fees include ice charge</i>					# of Tests	Fee Per Test	Fee Enclosed
<b>Preliminary</b>	Dutch Waltz	Canasta Tango	Rhythm Blue			<b>\$15.00</b>	
<b>Pre-Bronze</b>	Swing Dance	Fiesta Tango	Cha-Cha			<b>\$15.00</b>	
<b>Bronze</b>	Willow Waltz	10 Fox	Hickory Hoedown			<b>\$15.00</b>	
<b>Pre-Silver</b>	14 Step	Foxtrot	European Waltz			<b>\$20.00</b>	
<b>Silver</b>	Rocker Foxtrot	Tango	American Waltz			<b>\$25.00</b>	
<b>Pre-Gold</b>	Killian	Blues	Starlight Waltz	Paso Doble		<b>\$30.00</b>	
<b>Gold</b>	Viennese Waltz	Westminster Waltz	Quickstep	Argentine Tango		<b>\$35.00</b>	
<b>Free Dance</b>							
<b>Preliminary</b>						<b>\$20.00</b>	
<b>Bronze</b>						<b>\$20.00</b>	
<b>Silver</b>						<b>\$30.00</b>	
<b>Gold</b>						<b>\$35.00</b>	
<b>Out of Club Test Fee:</b>						<b>\$20.00</b>	
<b>Total Fee for this session enclosed: (make checks payable to DuPage FSC)</b>							

If testing with a partner, please indicate - Partners Name: \_\_\_\_\_

Partners USFS Number: \_\_\_\_\_ Partners Highest Test Passed: \_\_\_\_\_

Last dance test(s) you have taken / result / date: \_\_\_\_\_

Signature of Applicant (or parent if under 18): \_\_\_\_\_

Signature of Coach: \_\_\_\_\_ Coaches Phone #: \_\_\_\_\_

Mail completed form to: *Lisa Fitzmaurice (Dance Test Chair)*  
 119 Seminole Avenue  
 Elmhurst, IL 60126