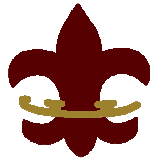


The DuPage Figure Skating Club



Test Application for the North - Northwest Region

Test Date Desired: ____ / ____ / ____ (due 20 days before desired date)

Name _____

USFSA # _____

Address _____

DuPage FSC Membership:

City _____

Registered Member Registered Coach (extra \$15 fee)

State _____ Zip Code _____

Name of Club if not DuPage member: _____

Home Phone () _____ - _____

NonMember (\$20 Out-Of-Club fee & Out-Of-Club Permission MUST be included w/this application)

Applicant signature

Parent's signature (if skater is under 18)

Previous Moves Test Taken Level: _____		Result (circle) Pass / Retry		Previous Freestyle Test Taken Level: _____		Result (circle) Pass / Retry		
Include a separate check for each test. Make checks payable to DuPage FSC. Do NOT send cash. Please check test desired. * Fee does NOT include ice time.								
<input type="checkbox"/>	MOVES	Fee*	<input type="checkbox"/>	FREESTYLE	Fee*			
	Pre-Preliminary	\$9		Pre-Preliminary	\$9			
	Preliminary	\$11		Preliminary	\$11			
	Pre-juvenile	\$11		Pre-juvenile	\$13			
	Juvenile	\$13		Juvenile	\$15			
	Intermediate	\$16		Intermediate	\$17			
	Novice	\$19		Novice	\$19			
	Junior	\$21		Junior	\$21			
	Senior	\$26		Senior	\$26			
Previous Pairs Test Taken Level: _____		Result (circle) Pass / Retry		Previous Adult Freestyle or Moves Test Taken - Level: _____		Result (circle) Pass / Retry		
<input type="checkbox"/>	PAIRS	Fee*	<input type="checkbox"/>	FREESTYLE	<input type="checkbox"/>	MOVES	Fee*	
	Pre-Juvenile	\$19/applicant		Pre-Bronze		Pre-Bronze	\$13	
	Juvenile	\$19/applicant		Bronze		Bronze	\$16	
	Intermediate	\$21/applicant		Silver		Silver	\$21	
	Novice	\$25/applicant		Gold		Gold	\$25	
	Junior	\$27/applicant	For Pair tests: Partner's name & USFSA #					
	Senior	\$31/applicant						

Rules and Regulations

- **Cancellations must be made within 24 hours of test date (not test time) or fee is NOT returned.**
- Scheduled times are approximate and tentative. Skaters should arrive at least one (1) hour before scheduled time.
- Although efforts will be made to accommodate the following situations: requests/withdrawals/wait-listed/Retry from a session, it does not mean the skater will automatically be scheduled for the next test date. Session size is limited.
- Twenty seven (27) days must pass before candidate qualifies to Retry the same test.

Application is incomplete without checking-off the following:

- USFSA # included
 - Correct test date requested
 - Correct fee for tests
 - Correct test requested
 - Separate check for each test**
 - Separate application for each test**
- Out-Of-Club Fee
 - Out-Of-Club Permission
 - Check here if O-O-C does not apply

Test Chairman: Mrs. Dana Calayag – (847) 679-1583

For North ~ Northwest Test Session
Mail application to: Mrs. Dana Calayag
6500 N. Monticello
Lincolnwood, IL 60712

Applicant is ready to test – Coach's signature of approval: _____

Coach Name (print): _____ Coach Phone (NOT @ rink) () _____ - _____

W 8/2010 Check #: _____ Amount: _____ Skater's Training Rink _____