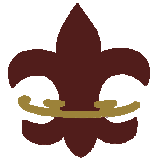


The DuPage Figure Skating Club



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	
	Pre-Preliminary		\$9			Pre-Preliminary	
	Preliminary		\$11			Preliminary	
	Pre-juvenile		\$11			Pre-juvenile	
	Juvenile		\$13			Juvenile	
	Intermediate	Supplemental	\$16	\$19		Intermediate	
	Novice		\$19			Novice	
	Junior		\$21			Junior	
	Senior	Supplemental	\$26	\$29		Senior	
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"/>
	Pre-Juvenile		\$19/applicant			Pre-Bronze	
	Juvenile		\$19/applicant			Bronze	
	Intermediate		\$21/applicant			Silver	
	Novice		\$25/applicant			Gold	
	Junior		\$27/applicant		For Pair tests: Partner's name & USFSA #		
	Senior		\$31/applicant				

Rules and Regulations

- **Any cancellation less than 48 hours prior to test date (not test time), will result in a forfeiture of fees.**
- 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 Out-Of-Club Fee
- Correct test date requested Out-Of-Club Permission
- Correct fee for tests Check here if O-O-C does not apply
- Correct test requested
- Separate check for each test**
- Separate application for each test**

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

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

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

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

W 12/2011 Check #: _____ Amount: _____ Skater's Training Rink _____