

ARCTIC FSC DANCE TEST APPLICATION

Name: _____ USFS#: _____ Age: _____ Test Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Home Phone: _____ Home Club: _____

Partner's name (write "solo" if taking without partner): _____ USFS#: _____

For Silver and above, fill out the following for school recognition;

Name of School: _____ Principal's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Prices are per dance, per skater. Circle or highlight the test(s) you want to take:

PRELIMINARY \$15 Dutch Waltz Canasta Rhythm Blues	PRE-BRONZE \$15 Swing Cha-Cha Fiesta Tango	BRONZE \$20 Hickory Hoedown Willow Waltz Tenfox	PRE-SILVER \$20 Fourteen Step European Waltz Foxtrot
SILVER \$25 American Waltz Harris Tango Rocker Foxtrot	PRE-GOLD \$25 Starlight Waltz Kilian Blues Pasodoble	GOLD \$35 Viennese Waltz Westminster Waltz Quickstep Argentine Tango	FREE DANCE Juvenile \$20 Intermediate \$20 Novice \$30 Junior \$45 Senior \$50
INTERNATIONAL \$35 Rhumba Midnight Blues Austrian Waltz	INTERNATIONAL \$35 Cha-Cha Congelado Silver Samaba Yankee Polka	INTERNATIONAL \$35 Ravensburg Tango Romantic Golden Waltz	

PAYMENT:

Test #1 Description: _____ \$ _____

Test #2 Description: _____ \$ _____

Test #3 Description: _____ \$ _____

Out of Club Fee - \$20 \$ _____

Judge's Expense (required by all skaters) \$15.00 _____

TOTAL \$ _____

Skater/Parent Signature (Parent if skater is under 18)

Coach's Signature

CERTIFICATION OF OUT OF CLUB APPLICANT: The applicant named above is a member in good standing with the Home Club listed above and is eligible to take the USFS test(s) applied for :

Home Club Test Chair Signature

Date

ARE YOU WILLING TO VOLUNTEER AT THIS TEST SESSION? YES NO

All applications are due 14 days prior to test date. Submit check/money order made payable to "AFSC" (CASH NOT ACCEPTED) and completed application to Arctic Edge Arena, 46615 Michigan Ave., Canton, MI 48188, Attn: Test Chair. If you have any questions, contact the test chair, Judy Wolak at 248.895.3139 or arcticfscstestchair@gmail.com.

DATE RECEIVED: _____

NO LATE APPLICATIONS ACCEPTED NO REFUNDS

CHECK NO. _____