HOLLYDELL FIGURE SKATING CLUB TEST APPLICATION
TEST DATE: Tuesday September 27, 2011 9:00 AM – 3:00 PM

Candidate's Name:	**D.O.B.** **USFSA #:**
Street Address: City: State: Zip	**Telephone:** **e-mail:**
Highest Test Passed: **FS** **Moves** **Dance** **Pairs**	**Home Club:**
Partner's Name:	**Partner's USFSA #:**
Primary Coach: (print): **Signature:** **USFS Registration No.:**	**Signature (Parent if Under 18):**

CHECK THE FOLLOWING AS REQUIRED:

MOVES IN THE FIELD	***FEE***
☐ PRE-PRELIMINARY	$20
☐ PRELIMINARY	$24
☐ PRE-JUVENILE	$27
☐ JUVENILE	$28
☐ INTERMEDIAT ☐ SUPP	$33
☐ NOVICE	$35
☐ JUNIOR	$38
☐ SENIOR ☐ SUPP	$45

FREE SKATING	***FEE***
☐ PRE-PRELIMINARY	$18
☐ PRELIMINARY	$22
☐ PRE-JUVENILE	$25
☐ JUVENILE	$26
☐ INTERMEDIATE	$31
☐ NOVICE	$33
☐ JUNIOR	$36
☐ SENIOR	$42

PAIRS (per skater)	***FEE***
☐ PRELIMINARY	$15 -$7 2nd candidate
☐ JUVENILE	$18 -$9 2nd candidate
☐ INTERMEDIATE	$24 -$12 2nd candidate
☐ NOVICE	$30 -$15 2nd candidate
☐ JUNIOR	$40 -$20 2nd candidate
☐ SENIOR	$50 -$25 2nd candidate

DANCE					
PRELIMINARY	$12 ea.	☐ DW	☐ CT	☐ RB	
PRE-BRONZE	$13 ea.	☐ SD	☐ CC	☐ F T	
BRONZE	$15 ea.	☐ HH	☐ WW	☐ TF	
PRE-SILVER	$20 ea.	☐ EW	☐ FT	☐ 14S	
SILVER	$25 ea.	☐ AW	☐ RF	☐ T	
PRE-GOLD	$30 ea.	☐ PD	☐ K	☐ BL	
GOLD	$35 ea.	☐ QS	☐ VW	☐ AT	☐ WW
INTERNATIONAL	$45 ea.	☐ R	☐ SW	☐ CON	☐ AUS
		☐ YP	☐ TR	☐ SAM ☐ GW	☐ RW

FREE DANCE (per skater)	
☐ JUVENILE	$12
☐ INTERMEDIATE	$15
☐ NOVICE	$22
☐ JUNIOR	$30
☐ SENIOR	$35

ADULT	***MiF***	***FS***	
PRE-BRONZE	☐	☐	$20 ea
BRONZE	☐	☐	$25 ea.
SILVER	☐	☐	$30 ea.
GOLD	☐	☐	$40 ea.

***APPLICATION DEADLINE is September 20, 2011 ***

LATE APPLICATIONS WILL BE ACCEPTED AT THE DISCRETION OF THE TEST COMMITTEE AND IF TIME PERMITS--***A $15 LATE FEE SHALLL APPLY***. CANDIDATES WHO WITHDRAW AFTER THE DEADLINE DATE FORFEIT TEST FEES UNLESS THE TEST SESSION IS CANCELED OR JUDGES CANNOT BE OBTAINED FOR A PARTICULAR TEST. ALL FEES MUST ACCOMPANY THE APPLICATION. ***SPACE IS LIMITED—APPLY EARLY—Once the ice time is filled, Hollydell FSC reserves the right to mark all other applications "return to sender".***

SEND APPLICATION TO:
Donald Brecht
39 Deer Haven Dr.
Mullica Hill, NJ 08062
QUESTIONS—**Call Don (609)- 364- 9176**

TOTAL TEST(S) FEE: _____
NON-MEMBER FEE-$15.00: (if applicable) _____
LATE FEE: $15, if applicable _____
ICE & HOSPITALITY FEE **$ 15.00**
TOTAL DUE _____

MAKE CHECKS PAYABLE TO HOLLYDELL FSC

APPLICANTS MUST BE AVAILABLE TO TEST AT LEAST 45 MINUTES PRIOR TO THEIR SCHEDULED TEST TIME.

***********PERMISSION TO TEST FOR NON-HOLLYDELL FSC MEMBERS************

This certifies that _____is a member in good standing of _____ and has

Permission to test on the above date. Please send results to (include SASE) _____

TEST CHAIR SIGNATURE:_____

Club use: Date received _____ **Amount** _____ **Check No.** _____