

Commonwealth Figure Skating Club

DANCE TEST APPLICATION



Please type or print neatly:

Test Session Date: _____
 Skater Name: _____
 Skater's USFS #: _____ Phone: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____

Signature: _____ (Parent or Adult Skater) Coach Signature: _____ (Coach)

Printed Name: _____ Printed Name: _____
 E-Mail: _____ E-Mail: _____
 Phone: _____ Phone: _____
 USFS #: _____

**Rule MR 5.10 requires coach to be USFS-registered.*

Please circle all tests to be taken.

Level	Dance(s) (Please write in the dances to be tested)	Cost per test	Total
Preliminary		\$30	
Pre-Bronze		\$30	
Bronze		\$30	
Pre-Silver		\$30	
Silver		\$30	
Pre-Gold		\$30	
Gold		\$30	
Multi-test discount		- \$10	
NON-MEMBER FEE (applies to each dance being tested)		\$10	
TOTAL FEE PAID			
Please check where appropriate	Solo	Adult	Master

Permissions:

This is to certify that _____ Is a member in good standing
(skater's name)
 of _____ For the _____ - _____ season
(skater's club) (membership year)

Club Official: _____

Signature: _____

Email: _____ Phone #: _____

~*~*~ SEND APPLICATION TO: ~*~*~

Rachel Pauli
 70 Dean Rd
 Milton, MA 02186

***\$35 Late fee will be charged for all applications RECEIVED after the deadline.
 The deadline is TWO WEEKS PRIOR to the test date.***