



LOS ANGELES FIGURE SKATING CLUB

SINGLES AND PAIRS TEST REQUEST FORM

Due to limited ice availability, test dates fill quickly. Please check the bulletin board at Pickwick to verify your test date. Tests are scheduled on a first come/first served basis.
**RESERVATIONS ARE NOT ACCEPTED. DO NOT PUT APPLICATION IN THE CLUB BOX.
PLEASE MAIL DIRECTLY TO THE TEST CHAIR.**

| |
|---|
| CANDIDATE: _____ |
| US FIGURE SKATING NUMBER: _____ |
| ADDRESS: _____ PHONE: _____ |
| CITY: _____ STATE: _____ ZIP: _____ |
| E-MAIL address: _____ |
| HOME CLUB*: _____ *If other than LAFSC home club member, letter of permission must be attached. |
| NAME OF COACH: _____ PHONE: _____ |
| TEST DATE & LOCATION REQUESTED: _____ |
| CANDIDATE/PARENT SIGNATURE: _____ |
| COACH-S SIGNATURE: _____ |

PLEASE NOTE THE FOLLOWING GUIDELINES!

1. This form must be completed and submitted with the appropriate test fees at least **THREE WEEKS PRIOR TO THE TEST DATE REQUIRED**. This **DOES NOT** guarantee the session of your choice. Test dates are often full before the scheduled closing date for applications
2. Test applications will be processed in the order received as determined by the postmark on the candidate-s envelope.
3. There will be **NO REFUNDS** for tests cancelled less than seven days prior to the test date, except with proof of illness, injury or accident. Refund requests must be accompanied by a doctor-s letter. A request to move a test to a later date will be considered a cancellation; a new test form and fees must be submitted.
4. If you are not a home-club member of LAFSC, a letter of permission is required from your home club for you to test at LAFSC B **NO TEST WITHOUT A LETTER OF PERMISSION**.

US Figure Skating has instituted Recognition of Test Achievement Program for the following levels: Figure B Fourth through Eighth; Freeskating and Moves B Novice through Senior. If the skater wishes to participate in this program, a letter of recognition will be sent directly from the USFSA to the principal of the skater-s school upon completion of the above requirements. The letter will be accompanied with a request that it be placed in the student-s permanent record. If the applicant wishes to participate in this program and he/she is testing for one of the above mentioned tests, please fill out the following information:

NAME OF PRINCIPAL: _____

NAME OF SCHOOL: _____

SCHOOL ADDRESS: _____

TEST FEES

| FIGURE | |
|-------------|---------|
| PRELIMINARY | \$30.00 |
| FIRST | \$45.00 |
| SECOND | \$45.00 |
| THIRD | \$50.00 |
| FOURTH | \$50.00 |
| FIFTH** | \$55.00 |
| SIXTH** | \$60.00 |
| SEVENTH** | \$65.00 |
| EIGHTH** | \$70.00 |

**Half Tests are charged full test fees.

| ADULT FIGURE | |
|--------------|---------|
| BRONZE | \$35.00 |
| SILVER | \$40.00 |
| GOLD | \$50.00 |

| MOVES IN THE FIELD | |
|--------------------|---------|
| PRE-PRELIMINARY | \$20.00 |
| PRELIMINARY | \$25.00 |
| PRE-JUVENILE | \$30.00 |
| JUVENILE | \$35.00 |
| INTERMEDIATE | \$35.00 |
| NOVICE | \$40.00 |
| JUNIOR | \$40.00 |
| SENIOR | \$45.00 |

| ADULT MOVES IN THE FIELD | |
|--------------------------|---------|
| PRE-BRONZE | \$30.00 |
| BRONZE | \$35.00 |
| SILVER | \$40.00 |
| GOLD | \$40.00 |

| ADULT PAIR TEST | |
|-------------------------------|---------|
| Pair Test Fees are PER PERSON | |
| BRONZE | \$15.00 |
| SILVER | \$20.00 |
| GOLD | \$25.00 |

| FREESKATING | |
|-----------------|---------|
| PRE-PRELIMINARY | \$20.00 |
| PRELIMINARY | \$20.00 |
| PRE-JUVENILE | \$25.00 |
| JUVENILE | \$30.00 |
| INTERMEDIATE | \$35.00 |
| NOVICE | \$40.00 |
| JUNIOR | \$40.00 |
| SENIOR | \$45.00 |

| ADULT FREESKATING | |
|-------------------|---------|
| PRE-BRONZE | \$25.00 |
| BRONZE | \$30.00 |
| SILVER | \$30.00 |
| GOLD | \$35.00 |

| PAIR TEST | |
|-------------------------------|---------|
| Pair Test Fees are PER PERSON | |
| PRELIMINARY | \$15.00 |
| JUVENILE | \$20.00 |
| INTERMEDIATE | \$20.00 |
| NOVICE | \$25.00 |
| JUNIOR | \$25.00 |
| SENIOR | \$30.00 |

Effective May 1, 2007

Please put a check in the box next to the test(s) you wish to take and fill in the fee(s) in the worksheet below.

ADDITIONAL FEES:

There is an additional fee per test of \$15.00 for second club members, and \$40.00 per test for non-members. All skaters are required to pay a \$10.00 hospitality fee in addition to the other test fees.

Fee Worksheet

| | |
|--|----------------|
| Figure Test Subtotal..... | |
| MIF Test Subtotal..... | |
| Freestyle Subtotal..... | |
| Pairs Test Subtotal..... | |
| Second Club Fee \$15.00 (if applicable)..... | |
| Non-Member Fee \$40.00 (if applicable)..... | |
| Hospitality Fee \$10.00..... | \$10.00 |

TOTAL AMOUNT DUE = _____

Make all checks payable to: LOS ANGELES FSC

Please mail your application (BOTH SIDES) and check to the Singles/Pairs Test Chairman:

**KEN TAYLOR/KIT ACCOUNTING
8062 San Fernando Road
Sun Valley, CA 91352**

Telephone: (818) 394-2080 (office); (818) 980-1970 (Home); Fax: (818) 394-2090

Returned Check Policy: LAFSC will promptly inform the check writer of the fact that their check has not cleared. Until a returned check is cleared, the skater's skating and Club privileges are suspended, including the ability to participate in Club testing and/or competitions. If after 10 days of the notification of the returned check elapses, and the check writer has not made good on the funds, including all bank fees, then this fact will be reported to all applicable agencies/clubs, including but not limited to the Southern California Inter-Club Association, US Figure Skating, and a letter will be sent to all area clubs advising them of the skater's suspended status with the Club. No letters of permission will be effective during this time. On the first instance of a returned check, the amount of the check, and all associated bank fees must be submitted to the Club Treasurer by means of cash, cashier's check, or a money order. Following the second offense, the check writer/member will be on a cash-only basis for ten months, or until the end of the membership year, whichever is longer.