



Jersey Coast Figure Skating Club

USFSA Test Application

(Application must be postmarked 14 days prior to the test)

Test Date _____

Skater's Name _____ USFSA # _____

Address _____

Phone# _____ Cell# _____ email _____

Home Club _____ (attach Letter of Permission if other than JCFSC)

Coach's Name _____ PSA# _____

Coach's Signature _____ Phone# _____

Please check tests to be taken:

Moves in the Field

___ Pre Preliminary \$25
 ___ Preliminary \$25
 ___ Pre-Juvenile \$30
 ___ Juvenile \$35
 ___ Intermediate \$40
 ___ Novice \$45
 ___ Junior \$50
 ___ Senior \$60

Free Skate

___ Pre Preliminary \$25
 ___ Preliminary \$25
 ___ Pre-Juvenile \$30
 ___ Juvenile \$35
 ___ Intermediate \$40
 ___ Novice \$45
 ___ Junior \$50
 ___ Senior \$60

Pairs

___ Preliminary \$25
 ___ Juvenile \$35
 ___ Intermediate \$40
 ___ Novice \$45
 ___ Junior \$50
 ___ Senior \$60

Free Dance (per candidate)

Adult/Master MIF (circle one)

___ Pre-Bronze \$25
 ___ Bronze \$30
 ___ Silver \$40
 ___ Gold \$50

Adult/Master FS (circle one)

___ Pre-Bronze \$25
 ___ Bronze \$30
 ___ Silver \$40
 ___ Gold \$50

___ Juvenile \$35
 ___ Intermediate \$40
 ___ Novice \$45
 ___ Junior \$50
 ___ Senior \$60

Dance

Please indicate level: Standard Adult Master Solo Partner's Name _____

Preliminary \$25 each	DW	CT	RB	
Pre-Bronze \$25 each	SD	CC	Fiesta	
Bronze \$30 each	TenFox	WW	HH	
Pre-Silver \$35 each	14S	Foxtrot	EW	
Silver \$40 each	AW	Tango	RF	
Pre-Gold \$45 each	PD	Kilian	SW	Blues
Gold \$50 each	AT	QS	WW	Vieneese
International \$60 each	Name of dance(s) _____			

Fees

Test fees (total) \$ _____
Hospitality fee (all skaters) \$ **10.00**
Guest fee \$25.00 (non-JCFSC member) \$ _____
Late fee (\$25.00) \$ _____
Total Testing Fees \$ _____

Test Policies

1. Total test fees must be submitted with the application. Fees are NOT refundable.
2. Checks for the fees should be made payable to Jersey Coast Figure Skating Club
3. Applications must be completely filled out and postmarked 14 days prior to the test.
4. Applications postmarked after the due date will be subject to a \$25 late fee and added to the test session if time is available. If time is not available application and fees will be returned.
5. Applicants whose home club is not Jersey Coast FSC must provide a letter of permission from their home club.
6. Skaters should arrive 1 hour before their scheduled test time.
7. Test schedule will be posted approximately one week before the test.

I have read and understand the test procedures and policies.

Applicant's signature _____
Date

Parent/Guardian signature _____
Date

Return application with payment to:

Maggie Tacopino
Jersey Coast FSC
20 Buckingham Way
Freehold, NJ 07728
dm~~t~~aco113@hotmail.com

If you are mailing it, please let her know via email that the application has been sent.

Make checks payable to: Jersey Coast Figure Skating Club