



Date of Test Session Requested: \_\_\_\_\_

# Skating Club of Novi USFS Test Application

Mail to: Novi Ice Arena 42400 Nick Lidstrom Dr., Novi MI 48375 (248) 347-1010

Please Note: **Home Club applications take precedence over out-of-club applications**

Name: \_\_\_\_\_ M/F: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Legible Email: \_\_\_\_\_ USFS# \_\_\_\_\_

Home Club: \_\_\_\_\_ Coach & Email: \_\_\_\_\_

Please Specify Choice of Test: Standard  Solo Dance  Adult – 21 & Over  Master – 50 & Over

Partners Name: \_\_\_\_\_ Partners USFS # \_\_\_\_\_ Complete Set: Yes or No

<p><b><u>Dance</u></b></p> <p><b>Preliminary \$17 Each</b></p> <p>Dutch Waltz _____</p> <p>Canasta Tango _____</p> <p>Rhythm Blues _____</p> <p><b>Pre-Bronze \$17 Each</b></p> <p>Swing Dance _____</p> <p>Cha Cha _____</p> <p>Fiesta Tango _____</p> <p><b>Bronze \$22 Each</b></p> <p>Hickory Hoedown _____</p> <p>Willow Waltz _____</p> <p>Ten Fox _____</p> <p><b>Pre-Silver \$22 Each</b></p> <p>Fourteen Step _____</p> <p>European Waltz _____</p> <p>Foxtrot _____</p> <p><b>Silver \$27 Each</b></p> <p>American Waltz _____</p> <p>Harris Tango _____</p> <p>Rocker Foxtrot _____</p> <p><b>Pre-Gold \$27 Each</b></p> <p>Starlight Waltz _____</p> <p>Kilian _____</p> <p>Blues _____</p> <p>Paso Doble _____</p> <p><b>Gold \$32 Each</b></p> <p>Viennese Waltz _____</p> <p>Westminster Waltz _____</p> <p>Quickstep _____</p> <p>Argentine Tango _____</p> <p><b>International (List) \$32 Each</b></p>	<p><b><u>Free Dance (circle) \$32 Each</u></b></p> <p>Juvenile Intermediate Novice</p> <p>Junior Senior</p> <p><b><u>Field Moves/Pairs</u></b></p> <p>Pre-Preliminary _____ \$22</p> <p>Preliminary _____ \$27</p> <p>Pre-Juvenile _____ \$37</p> <p>Juvenile _____ \$37</p> <p>Intermediate _____ \$47</p> <p>Novice _____ \$52</p> <p>Junior _____ \$57</p> <p>Senior _____ \$67</p> <p><b><u>Adult Moves/Free Skate</u></b></p> <p>Pre-Bronze _____ \$22</p> <p>Bronze _____ \$32</p> <p>Silver _____ \$42</p> <p>Gold _____ \$52</p> <p><b><u>Free Skate</u></b></p> <p>Pre-Preliminary _____ \$17</p> <p>Preliminary _____ \$22</p> <p>Pre-Juvenile _____ \$22</p> <p>Juvenile _____ \$27</p> <p>Intermediate _____ \$32</p> <p>Novice _____ \$37</p> <p>Junior _____ \$47</p> <p>Senior _____ \$52</p>	<p>Please Mail Application To:</p> <p>SCN Test Chair 42400</p> <p>Nick Lidstrom Dr.</p> <p>Novi, MI 48375</p> <p>OR</p> <p>SCNtestchair@gmail.com</p> <p>OR</p> <p>Seal Envelope: Attn. Test Chair</p> <p>and GIVE TO THE</p> <p>FRONT DESK at the</p> <p>Arena (Not SCN</p> <p>Mailbox)</p> <p>Please make checks payable:</p> <p>SKATING CLUB OF NOVI</p> <p>(NO CASH)</p> <p>Total for all Tests _____</p> <p>Judges Fee \$15 _____ Out</p> <p>of Club Fee \$20 _____</p> <p><b>NO REFUNDS</b></p> <p>Total Enclosed _____</p> <p>Check Number _____</p>
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Applications must be completely and legibly filled out and **submitted at least 14 days prior** to test date. Full payment must accompany all test applications. A \$30 fee will be levied for all returned checks. Test fees will not be returned if test is not taken, including contingency tests, with exception if session is full or cancelled. If SCN is not your home club, permission to test is required from your home club.

Home Club Permission (Test Chair or Club Officer): \_\_\_\_\_ Email: \_\_\_\_\_

Coaches Signature: \_\_\_\_\_ Print Coaches Name: \_\_\_\_\_ Coaches USFS # \_\_\_\_\_

Parents Signature: \_\_\_\_\_ Print Parent Name: \_\_\_\_\_