



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: Lead or Follow Adult – 21 & Over Master – 50 & Over

Partners Name: _____ Partners USFS # _____ Complete Set: Yes or No

<u>Dance</u>	<u>Free Dance (circle)</u>	
<u>Preliminary</u> \$20 Each	Bronze \$20 Pre-Silver \$30	
Dutch Waltz	Silver \$40 Pre-Gold \$50	
Canasta Tango	Gold \$60	
Rhythm Blues		
<u>Pre-Bronze</u> \$20 Each	<u>Skating Skills/Pairs</u>	
Swing Dance	Pre-Preliminary \$25	
Cha Cha	Preliminary \$35	
Fiesta Tango	Pre-Bronze \$40	
<u>Bronze</u> \$25 Each	Bronze \$45	
Hickory Hoedown	Pre-Silver \$50	
Willow Waltz	Silver \$55	
Ten Fox	Pre-Gold \$60	
<u>Pre-Silver</u> \$25 Each	Gold \$70	
Fourteen Step		
European Waltz	<u>Adult Skating Skills/Singles</u>	
Foxtrot	Pre-Bronze \$25	
<u>Silver</u> \$30 Each	Bronze \$35	
American Waltz	Silver \$45	
Harris Tango	Gold \$55	
Rocker Foxtrot		
<u>Pre-Gold</u> \$30 Each	<u>Singles</u>	
Starlight Waltz	Pre-Preliminary \$20	
Kilian	Preliminary \$25	
Blues	Pre-Bronze \$25	
Paso Doble	Bronze \$30	
<u>Gold</u> \$35 Each	Pre-Silver \$35	
Viennese Waltz	Silver \$40	
Westminster Waltz	Pre-Gold \$48	
Quickstep	Gold \$58	
Argentine Tango		
<u>International (List)</u> \$35 Each		

Please Mail Application To:
SCN Test Chair 42400
Nick Lidstrom Dr.
Novi, MI 48375
OR
SCNtestchair@gmail.com
OR
Seal Envelope: Attn. Test Chair
and GIVE TO THE
FRONT DESK at the
Arena (Not SCN
Mailbox)

Please make checks payable:
SKATING CLUB OF NOVI
(NO CASH)

Total for all Tests _____
Judges Fee \$15
Out of Club Fee \$25

NO REFUNDS

Total Enclosed _____
Check Number _____

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: _____