

**Glens Falls Figure Skating Club, Inc.
PO Box 500
Glens Falls, NY 12801**

US FIGURE SKATING TEST APPLICATION

**TEST DATE: January 26, 2008 9 AM – 3 PM
Glens Falls Civic Center
Glens Falls, NY 12801**

Skater's Name _____
Address _____
Telephone _____ Email _____
Home Club _____ US Figure Skating ID# _____
Professional's Name _____ Professional's Telephone _____

ALL FEES MUST ACCOMPANY TEST APPLICATION AND APPLICATION MUST BE FILLED IN COMPLETELY OR TEST WILL NOT BE SCHEDULED.

Test Category	Level	Fee	If Retry, Date Last Tested *
Moves in the Field		\$	/ /
Freestyle		\$	/ /
Dance(s)		\$	
1.		\$	/ /
2.		\$	/ /
3.		\$	/ /
Total		\$	

* If retrying a test, it is the skater's responsibility to be sure there are at least 28 days between tests.

Will Dance Level be completed for test(s)? YES NO
Dance Partner _____
US Figure Skating ID# _____
Parent's / Skater's Signature _____ Date _____
Professional's Signature _____ Date _____

Make Checks Payable to: GF FSC. Mail check and application to:
Glens Falls FSC Test Session
c/o Michelle Capron
22 Maple Street
Hudson Falls, NY 12839-2019

Please Note:
Application must be received by: January 12, 2008
A \$10 late fee will be charged for applications received after January 12, 2008.
Scheduling preferences will be given to GF FSC members first.
Schedule will be posted Sunday, January 20th. Schedule will be available on our website at GlensFallsFigureSkating.com.
We cannot accommodate changes to the schedule once it has been posted.

Fees: Fee payment must accompany application or test will not be scheduled. Fees will not be refunded once test schedule is posted.

MOVES IN THE FIELD / FREE SKATING

\$30 Pre-Preliminary
\$35 Preliminary
\$40 Pre-Juvenile / Adult Pre-Bronze
\$45 Juvenile / Adult Bronze
\$50 Intermediate / Adult Silver
\$55 Novice / Adult Gold
\$60 Junior
\$70 Senior

DANCE – Please Circle Each Dance

\$30 / Dance	Preliminary	DW	CT	RB		
\$35 / Dance	Pre-Bronze	SD	CC	FIT		
\$40 / Dance	Bronze	HH	WIW	TF		
\$45 / Dance	Pre-Silver	14S	EW	FT		
\$50 / Dance	Silver	AW	T	RF		
\$60 / Dance	Pre-Gold	PD	K	B	SW	
\$70/ Dance	Gold	VW	WW	QS	AT	

Home Club Permission to Test:

To the best of my knowledge, _____ is a member in good standing* with his/her home club and has permission to test at the Glens Falls Figure Skating Club's January 26, 2008 test session.

Signature _____ **Date** _____
Club Office Held _____ **Telephone** _____

*To be in good standing, a skater must be a current US Figure Skating member and be up to date with payments due to his/her home club. This information will be verified.

Special Requests: List any special requests below and we will do our best to accommodate them. Please note that no special requests will be considered after receipt of this application.