

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

**US FIGURE SKATING TEST APPLICATION**

**TEST DATE:** \_\_\_\_\_

**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.		\$	/ /
Civic Center Ice Fee **		\$	
<b>Total</b>		\$	

\* 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**

**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

**\$12\*\* Civic Center Ice Fee (for tests on Sundays 11am-12:30pm)**

**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.**