

GEFSC TEST APPLICATION

Test date: **February 26, 2010**

Application due: **February 12, 2010 (by 5:00 p.m. CST)**

*** Late fee \$25.00**

Please print!

NAME _____ USFSA # _____

ADDRESS _____

CITY ST/ZIP _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL _____

Home Club: _____

Highest USFSA test level passed: (F.S.) _____ (MIF) _____

Applicant must be a **current member of the USFSA**. ALL Test applications and fees must be **received** by **February 12, 2010**, and are nonrefundable. Applications will be accepted on a first come, first served basis and at the discretion of the test chair based on test time; availability of the ice and judges. **NOTE: If the applicant is not a GEFSC home club member, a "Permission to Test" must be provided by the applicant at the time of the application.**

****Non-GEFSC (or non- reciprocal club) members fees assessed an additional \$25.00.**

Reciprocal rinks include: Nashville, Owensboro and Indianapolis.

Everyone pays the \$5.00 hospitality fee!

Please CHECK or highlight test(s) desired. Contingent tests are NONREFUNDABLE.

MOVES

- Pre-Preliminary \$40.00
- Preliminary \$50.00
- Pre-juvenile \$55.00
- Juvenile \$65.00
- Intermediate \$75.00
- Novice \$85.00
- Junior \$95.00
- Senior \$100.00

FREE SKATING

- Pre-Preliminary \$35.00
- Preliminary \$40.00
- Pre-Juvenile \$45.00
- Juvenile \$50.00
- Intermediate \$55.00
- Novice \$60.00
- Junior \$65.00
- Senior \$70.00

ADULT MOVES

- Pre-Bronze \$45.00
- Bronze \$55.00
- Silver \$60.00
- Gold \$65.00

ADULT FREE SKATING

- Pre-Bronze \$40.00
- Bronze \$45.00
- Silver \$55.00
- Gold \$65.00

<u>Total test fee(s)</u>	<u>Hospitality fee</u>	<u>Visitor fee</u>	<u>Late fee</u>	<u>Total fees</u>
Total: \$ _____	+ \$5.00	+ \$25.00**	+ \$25.00*	= \$ _____

MAKE CHECKS PAYABLE TO GEFSC

The Applicant and Parent/Guardian agree per USFSA Rules to hold harmless the USFSA, the Greater Evansville Figure Skating Club, Officials of the Greater Evansville Figure Skating Club, and Swonder Ice Arena from any and all loss, damage and/or injury that may be sustained by anyone in any manner while participating in this test session. Coaches agree their skater is aware of the requirements of the test and are ready to test. All test fees are nonrefundable after February 12, 2010.

Coach Signature _____
 Club Officer Signature _____
 Parent Signature _____
 Skater (over 18) Signature _____

Any questions, call (812) 431-0822
Test forms may be mailed directly to:

SWONDER ICE ARENA
ATTN: Sandy Junge
209 N. Boeke Rd.
Evansville, IN 47711

Office Use Only	
Test #1:	_____
Test #2:	_____
Hosp: \$	5.00
Guest: \$	_____
Late: \$	_____
TOTAL:	_____
Check #:	_____
Date & Time Recd:	_____
Recd By:	_____