

GEFSC TEST APPLICATION

Test date: February 11, 2012

Application due: January 30, 2012 (by 6:00 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 **January 30, 2012**, 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.** Reciprocal rinks include: Owensboro FSC and clubs in the Indiana Council.*

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

Everyone pays the \$10.00 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

Total testfee(s) Hospitality fee Visitor fee Late fee Total fees
Total: \$ _____ + \$10.00 + \$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 in good standing, aware of the requirements of the test and are ready to test. If the test session incurs additional unforeseen expenses, I agree to pay additional charges billed to me, and I understand that my test results will not be processed until I do.

All test fees are nonrefundable after January 30, 2012.

Coach Signature _____

Club Officer Signature _____

Parent Signature _____

Skater (over 18) Signature _____

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: \$ 10.00

Guest: \$ _____

Late: \$ _____

TOTAL: _____

Check #: _____

Date&Time Recd: _____

RecdBy: _____