

GEFSC DANCE 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) _____
(Dance) _____

*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 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 COMPLETE the test(s) desired. *Contingent tests are NONREFUNDABLE.
TESTS TO BE SKATED:

Dance – dance not level* - Name of partner: _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Dance FEES: (per dance)	x	(# of dances)	=	Total
Pre-Gold \$45.00	x	_____	=	_____
Silver \$40.00	x	_____	=	_____
Pre-Silver \$35.00	x	_____	=	_____
Bronze \$30.00	x	_____	=	_____
Pre-Bronze \$30.00	x	_____	=	_____
Preliminary \$25.00	x	_____	=	_____

*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. I also understand **ADDITIONAL FEES MAY BE INCURRED BY THE SKATER FOR DANCE PARTNER FEES AND DANCE PRACTICE FEES** that are not included in the above fees. All test fees are nonrefundable after January 30, 2012.*

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

Total test fee(s) Hospitality fee + Visitor fee + Late fee = Total fees

Total: \$ _____ + \$10.00 + \$25.00 + 25.00* = \$ _____**

MAKE CHECKS PAYABLE TO GEFSC – CK# _____

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: \$ 10.00

Guest: \$ _____

Late: \$ _____

TOTAL: _____

Check #: _____

Date & Time Recd: _____

Recd By: _____

Total test fee(s) Hospitality fee Visitor fee Late fee Total fees

Total: \$ _____ + \$10.00 + \$25.00 + 25.00* = \$ _____**

MAKE CHECKS PAYABLE TO GEFSC