



Date Received _____ Check # _____
 Amount: \$ _____ Club Officer _____

2011 FCSC OF JACKSONVILLE TEST APPLICATION

Skater Name _____ USFSA# _____ Home Club _____
 Address _____ City _____ State _____ Zip _____
 Phone () _____ E-Mail _____

- Application Deadline is 4 weeks prior to the scheduled test or the date posted on test announcement
- Applications will be processed in the order in which they are received. *Test sessions may become full before the deadline has passed.* Submit your application early!
- Applications will not be processed if not accompanied by correct test fee
- Test requests received after the deadline will be scheduled if time allows with a \$25 late fee
- All skaters who are not FCSC Full Club Members must pay 1 ½ times the test fee
- Non FCSC Members: A permission letter verifying your club standing and that you are qualified to take this test must accompany your application
- All test applications must be signed by the Coach and by the skater or parent/guardian if under 18 years
- Please plan to arrive a minimum of one hour prior to your scheduled test session
- Refunds will only be given in cases of illness or injury documented by a doctor's note

MOVES IN THE FIELD

- Pre Preliminary \$40
- Preliminary \$45
- Pre Juvenile \$55
- Juvenile \$65
- Intermediate \$70
- Novice \$80
- Junior \$90
- Senior \$100

- Adult Pre Bronze \$40
- Adult Bronze \$45
- Adult Silver \$65
- Adult Gold \$90

FREE SKATE

- Pre Preliminary \$40
- Preliminary \$45
- Pre Juvenile \$55
- Juvenile \$65
- Intermediate \$70
- Novice \$80
- Junior \$90
- Senior \$100

- Adult Pre Bronze \$40
- Adult Bronze \$45
- Adult Silver \$65
- Adult Gold \$90

PAIRS (each skater)

- Preliminary \$40
- Juvenile \$50
- Intermediate \$65
- Novice \$75
- Junior \$85
- Senior \$95

Partner Name: _____

Partner USFSA No. _____

DANCE

(Per Dance – circle)

- Preliminary DW CT RB \$35
- Pre-Bronze SD CC FIT \$40
- Bronze HH WJW TF \$45
- Pre-Silver 14S EW FT \$55
- Silver AW T RF \$65
- Pre-Gold BL K PD SW \$75
- Gold VW WW QC AT \$85

PAYMENT

Please Make all Checks payable to *FCSC*
 (There will be a \$30.00 charge for any returned check)

Application & Fees should be placed in the
 Club mailbox at the rink or mailed to:

FCSC
 c/o Jacksonville Ice and Sportsplex
 3605 Philips Hwy.
 Jacksonville, FL 32207

Test Fee Total: \$ _____

x 1.5 if Non-Member: \$ _____

Subtotal: \$ _____

+ Mandatory

Judges' Expense Fee: \$ 5.00

TOTAL: \$ _____

Coach Name _____ Coach Signature _____ Phone _____

Applicant/Parent Signature (If applicant under 18) _____

The applicant and parent/guardian agree per USFSA rules to hold harmless the USFSA, FCSC and officials, Jacksonville Ice and management, from any loss, damage, and/or injury that may be sustained by anyone participating at this test session.