

FIGURE, FIELD MOVES, FREE SKATING, PAIR

TEST APPLICATION

Candidate's Name _____ US Figure Skating No. _____

Address _____ Telephone No. _____

E-mail address _____ Fax # _____

Name of Club through which you are registered with US Figure Skating _____

Testers not registered with US Figure Skating through SCW must submit a permission-to-test letter from his/her Home Club.

SCW affiliation - Please check one. None _____ Representational _____

SCW Member: (Bronze/Silver/Gold) _____ Basic only _____

Figure	Field Moves	Free Skating	Pair
____ Pre. \$23	____ Pre-Pre. \$21	____ Pre-Pre. \$15	____ Pre. \$15 (1st candidate) \$8 (2nd candidate)
____ 1 \$33	____ Pre. \$25	____ Pre. \$19	____ Juv. \$21 (1st candidate) \$11 (2nd candidate)
____ 2 \$38	____ Pre-Juv. \$28	____ Pre-Juv. \$21	____ Int. \$27 (1st candidate) \$14 (2nd candidate)
____ 3 \$43	____ Juv. \$28	____ Juv. \$21	____ Nov. \$33 (1st candidate) \$17 (2nd candidate)
____ 4 \$48	____ Int. \$33	____ Int. \$27	____ Jr. \$43 (1st candidate) \$22 (2nd candidate)
____ 5 \$53*	____ Nov. \$33	____ Nov. \$31	____ Sr. \$53 (1st candidate) \$27 (2nd candidate)
____ 6 \$63*	____ Jr. \$43	____ Jr. \$38	
____ 7 \$73*	____ Sr. \$53	____ Sr. \$48	
____ 8 \$83*			

* For fee for A and B Figure Half-Tests subtract \$15.

Adult Figure	Adult Moves	Adult Free Skating	Adult Pair
____ Bronze \$28	____ Pre Bronze \$23	____ Pre Bronze \$18	____ Bronze \$21 (1st candidate) \$11 (2nd candidate)
____ Silver \$38	____ Bronze \$28	____ Bronze \$23	____ Silver \$27 (1st candidate) \$14 (2nd candidate)
____ Gold \$53	____ Silver \$33	____ Silver \$28	____ Gold \$33 (1st candidate) \$17 (2nd candidate)
	____ Gold \$38	____ Gold \$33	

FEES IN ADDITION TO REGULAR TEST FEES

Late Application Fee for All Skaters: \$20. SCW Bronze/Silver/Gold members & SCW Coaches pay no extra Ice Fee. Basic members must pay a \$20 per session Ice Fee. All other testers must pay a \$40 per session Ice Fee.

Pair Partner's Name _____ Home Club _____

ALL APPLICATIONS MUST BE SIGNED BY THE APPLICANT'S COACH and, in the case of a Tester under age 12, by parent or guardian, also.

Coach's Signature _____ Coach's E-mail _____ Coach's Phone _____

Parent's or Guardian's Signature (only if Tester is under age 12) _____

Please make checks payable to The Skating Club of Wilmington, Inc. Mailing address: 1301 Carruthers Lane, Wilmington, DE 19803. In order for tests to be scheduled, both the application and the fees must be received by the office no later than the posted Test Deadline date. Applications submitted without fees will not be scheduled. Skaters may cancel tests but fees are not refundable. Please write any special circumstances or requests on the reverse side of this form.