



USFS Test Session – Swan City Ice Skaters

August 27-28, 2010

Beaver Dam Family Center, 609 Gould St., Beaver Dam, WI 53916

Skater's Name: _____ USFS No.: _____

Parent/Legal Guardian: _____ Email Address: _____

Street Address: _____ City, State, Zip: _____

Home Telephone: _____ Cellular Phone: _____

If any of the below requested tests are a retry, please indicate the date last tested: _____

I hereby certify that the above information is correct, and I am eligible to take the test(s) requested according to the criteria listed in the USFS handbook.

Applicant Signature: _____ Parent Signature: _____

For Novice, Junior, Senior testers, provide the following information so we can file a USFS Recognition of Test Achievement Report.

School Principal: _____ School Name: _____

School Address: _____

USFS FREE SKATE TESTS

Free Skate Test	Fee	X	Free Skate Test	Fee	X	Free Skate Test	Fee	X
Pre-Preliminary	\$25		Intermediate	\$40		Adult-Pre Bronze	\$25	
Preliminary	\$25		Novice	\$45		Adult-Bronze	\$30	
Pre-Juvenile	\$30		Junior	\$50		Adult-Silver	\$35	
Juvenile	\$35		Senior	\$55		Adult-Gold	\$40	

Coach Certification – Free Skate Tests

I hereby certify the skater's readiness **to test the free skate test(s) selected above** and that the skater is eligible to take the selected test(s) according to the criteria listed in the USFS handbook. **(Coaches must have USFS "Green Light" Rating!!)**

Coach Signature: _____ Date: _____

USFS Number: _____ Email Address: _____

Street Address: _____ City, State, Zip: _____

Home Telephone: _____ Cellular Phone: _____

USFS MOVES IN THE FIELD TESTS

Moves in the Field Test	Fee	X	Moves in the Field Test	Fee	X	Moves in the Field Test	Fee	X
Pre-Preliminary	\$25		Intermediate	\$40		Adult-Pre Bronze	\$25	
Preliminary	\$25		Novice	\$45		Adult-Bronze	\$30	
Pre-Juvenile	\$30		Junior	\$50		Adult-Silver	\$35	
Juvenile	\$35		Senior	\$55		Adult-Gold	\$40	

Coach Certification – Moves in the Field Tests

I hereby certify the skater's readiness **to test the moves in the field test(s) selected above** and that the skater is eligible to take the selected test(s) according to the criteria listed in the USFS handbook. **(Coaches must have USFS "Green Light" Rating!!)**

Coach Signature: _____ Date: _____

(If same as above – indicate SAME):

USFS Number: _____ Email Address: _____

Street Address: _____ City, State, Zip: _____

Home Telephone: _____ Cellular Phone: _____

USFS DANCE TESTS

Dance Test	Fee	X	Partner Fee	X	Dance Test	Fee	X	Partner Fee	X	Dance Test	Fee	X	Partner Fee	X
Preliminary					Pre-Silver					Pre-Gold				
Dutch Waltz	\$15		\$20		Fourteenstep	\$15		\$20		Kilian	\$30		\$20	
Canasta Tango	\$15		\$20		European Waltz	\$15		\$20		Blues	\$30		\$20	
Rhythm Blues	\$15		\$20		Foxtrot	\$15		\$20		Paso Doble	\$30		\$20	
Pre-Bronze					Silver					Starlight Waltz	\$30		\$20	
Swing	\$15		\$20		American Waltz	\$20		\$20		Gold				
Cha Cha	\$15		\$20		Tango	\$20		\$20		Viennese Waltz	\$40		\$20	
Fiesta Tango	\$15		\$20		Rocker Foxtrot	\$20		\$20		Westminster Waltz	\$40		\$20	
Bronze										Quickstep	\$40		\$20	
Hickory Hoedown	\$15		\$20							Argentine Tango	\$40		\$20	
Willow Waltz	\$15		\$20											
Ten Fox	\$15		\$20											

Coach Certification – Dance Tests

I hereby certify the skater's readiness **to test the dance test(s) selected above** and that the skater is eligible to take the selected test(s) according to the criteria listed in the USFS handbook. **(Coaches must have USFS "Green Light" Rating!!)**

Coach Signature: _____ Date: _____

(If same as above – indicate SAME):

USFS Number: _____ Email Address: _____

Street Address: _____ City, State, Zip: _____

Home Telephone: : _____ Cellular Phone: _____

TOTAL FEES DUE	
Free Skate Fees	\$
Moves in the Field Fees	\$
Dance Fees	\$
Dance Partner Fees	\$
Out-of-Club Fee - \$20 (See Guidelines Below)	\$
Late Fee - \$10 – (Applies after deadline 8/13/2010)	\$
Practice Ice - \$8.00 per 30 minute session (free for SCIS) _____ TIMES	\$
TOTAL FEES	\$

Non-SCIS Skaters Only – Home Club Certification

If you are a USFS member with a club other than the Swan City Ice Skaters, you must provide permission from your home club's duly authorized representative as stated in TR 3.08 of the USFS rule book, by completing the information below.

Name of Home Club _____

Test Chair's Name: _____

Address _____

Telephone: _____ Email: _____

The above skater has my permission to test with the Swan City Ice Skaters on 8/27-8/28/2010. The information on this test form is correct and the skater is a member in good standing with his/her above listed Home Club.

Home Club Test Chair or Club Officer Signature: _____

Title: _____ Date: _____

IMPORTANT NOTES

- Registration forms must be postmarked or given to Lori Zietlow-Brehm by August 13, 2010!
- Out-of-Club Fee guidelines: Check www.fscouncilwisconsin.org to see if your club participates. Any skater whose home club is a member of the Figure Skating Council of Wisconsin does NOT pay Out-of-Club Fee. It is skater's responsibility to check prior to submitting application. No Out-of-Club Fee refunds will be made after application is submitted.
- All fees must accompany application and are payable to SCIS. Fees are non-refundable after August 13, 2010! **All non-sufficient funds checks will be charged a \$25.00 fee.**
- All applications will be prioritized according to the date received, and accepted up until the deadline or until the test session is full.
- All skaters partnering with Victor Farrow must have dance partner practice prior to testing. Sessions are 20 mins for \$25.00. More information will be posted on this. Payment for practice is due at the time of the lesson and is payable to Victor Farrow. Out of club skaters will also need to purchase walk-on ice from SCIS at \$10/hour.

Mail application and fees to:
Lori Zietlow-Brehm
N5972 S. Crystal Lake Road
Beaver Dam, WI 53916

Schedule will be available on www.swancityiceskaters.com prior to test session.

If you have any questions, please contact Lori at (920) 887-0470 home, (920) 344-0779 cell, or carlb@powerweb.net.