



KETTLE MORAINE FIGURE SKATING CLUB
USFS TEST SESSION APPLICATION
Test Session: December 7, 2018, 5:00pm-8:00pm
at Nag-Waukee Ice Rink, Delafield, WI
Deadline: November 23rd

Skater's Name: _____ USFSA No. _____
 Parent/Legal Guardian: _____ Email Address: _____
 Street Address: _____ City, State, Zip _____
 Home Telephone: _____ Cell 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: _____ Date: _____
 Parent Signature : _____ Date: _____

<u>Dance</u>	
<u>Preliminary</u>	
Dutch Waltz	_____ \$30
Canasta Tango	_____ \$30
Rhythm Blues	_____ \$30
<u>Pre-Bronze</u>	
Swing Dance	_____ \$30
Cha Cha	_____ \$30
Fiest Tango	_____ \$30
<u>Bronze</u>	
Hickory Hoedown	_____ \$30
Willow Waltz	_____ \$30
Ten Fox	_____ \$30

<u>Moves in the Field</u>	
Pre-Preliminary	_____ \$30
Preliminary	_____ \$30
Adult Pre-Bronze	_____ \$30
Adult Bronze	_____ \$30

<u>Freestyle</u>	
Pre-Preliminary	_____ \$30
Preliminary	_____ \$30
Adult Pre-Bronze	_____ \$30
Adult Bronze	_____ \$30

COACH CERTIFICATION

I hereby certify that the skater's readiness to test the 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: _____ USFS #: _____
 Email: _____ Cell Phone: _____
 Coach's Signature: _____ Date: _____

TOTAL FEES DUE	
Freestyle fee	\$ _____
Moves in the field Fee	\$ _____
Dance Fee	\$ _____
Out of club fee (\$20) <small>(Does not apply to skaters whose home club is a member of Figure Skating Council of WI.)</small>	\$20.00
Late Fee \$10 <small>(must accompany test application if late)</small>	\$ _____
TOTAL FEES DUE	\$ _____

NON KMFSC MEMBERS-HOME CLUB INFORMATION
The following signature of the Test Chair attests that the skater is a member in good standing of USFS and their home club, and is eligible to test according to the criteria listed in the current USFS rule book
Name of Home Club: _____
Test Chair's Name : _____
Email Address: _____
Test Chair Signature: _____
Certification can be emailed to KettlemoraineFSC@gmail.com
<i>Make checks payable to KMFSC and mail with test application to:</i>
Amy Pitrof 3911 Elaines Way Slinger, WI 53086 Questions: Email: ajph@rocketmail.com Call: (262) 923-0567

IMPORTANT NOTES

- * All skaters must arrive 1 hour early to test session as test session may run ahead of schedule.
- * The schedule will be posted on KMFSC website approximately 5 days before test date.
- * All fees must accompany test application and application form must be complete.
- * Late fee of \$10 applied to all applications received after the deadline
- * Fees are non-refundable.
- * \$25 NSF applied to all returned checks.