

Chicago Figure Skating Club Dance Test Application

Test Date: _____

Test Time: _____

Location: _____

Test Partner: _____

Skater's Name _____ USFS _____ A # _____

Address _____

City _____ St _____ Zip _____

Home Phone (_____) _____

Home Club: _____

Test(s) desired: (check all that apply)			
Preliminary	Dutch Waltz \$15	Tango \$15	Rhythm Blues \$15
Pre Bronze	Swing Dance \$15	Cha Cha \$15	Fiesta \$15
Bronze	Hickory Hoedown \$20	Willow Waltz \$20	Ten Fox \$20
Pre-Silver	Fourteen Step \$20	European Waltz \$20	Foxtrot \$20
Silver	American Waltz \$25	Tango \$25	Rocker Foxtrot \$25
Pre-Gold	Kilian \$30	Blues \$30	Paso Doble \$30
Gold	Viennese Waltz \$35	Westminster Waltz \$35	Quickstep \$35
	Argentine Tango \$35		
International _____ (list) \$35 each			
Free Dance All Levels \$35		Total	

Coaches Signature _____
(Signature indicates that the skater is prepared to test)

1. Fees include: Ice, USFSA Fees, Test expenses and Judges expenses.
2. If you are testing out of club, permission is required from your home club. Verbal or written permissions are acceptable.
3. Please mail or give me this application with your check ONE WEEK before the test date.
4. Make checks payable to: Chicago Figure Skating Club. Checks for test fees must accompany this application.
5. Send to: Ann Marie Wills, 8923 Knight Ave Apt 304, Des Plaines, IL 60016-5543 phone (847) 298-4442.
6. No refunds for cancellations.