

# GARFIELD HEIGHTS FIGURE SKATING CLUB

Diana McBeath, Test Chair

10213 Russell Ave.

Garfield Hts., Ohio 44125

216-883-8693

Email: [mcbeath@cbhs.net](mailto:mcbeath@cbhs.net)

## Test Application

Please complete the following application and submit it to Diana McBeath at the above address **14 days** prior to the test date. You may cancel up to 10 days prior to the test for a full refund. If you cancel after the 10 days, you will forfeit any monies paid to GHFSC, unless you have a medical excuse and provide a doctor note.

Name \_\_\_\_\_ USFS# \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Club \_\_\_\_\_ Birthdate \_\_\_\_\_  
School \_\_\_\_\_ Principal \_\_\_\_\_  
Dance or Pairs Partner \_\_\_\_\_  
Skating Pro Signature \_\_\_\_\_  
Skater Signature (Parent if under 18) \_\_\_\_\_

(By signing this form, I hereby release the GHFSC, any of its officers and Board Members from any responsibility in the event of loss or injury during any skating session or other Club sponsored event.)

### Circle the appropriate fees below:

| Level           | Moves | Freeskate | Pairs<br>(each tester) | Free Dance<br>(per dancer) |
|-----------------|-------|-----------|------------------------|----------------------------|
| Pre-Preliminary | \$18  | \$18      | N/A                    | N/A                        |
| Preliminary     | \$20  | \$20      | \$20                   | N/A                        |
| PreJuvenile     | \$24  | \$24      | N/A                    | N/A                        |
| Juvenile        | \$26  | \$26      | \$26                   | \$20                       |
| Intermediate    | \$30  | \$30      | \$30                   | \$30                       |
| Novice          | \$35  | \$35      | \$35                   | \$35                       |
| Junior          | \$40  | \$40      | \$40                   | \$40                       |
| Senior          | \$45  | \$45      | \$45                   | \$45                       |

If test is a retry, indicate when test was last taken: \_\_\_\_\_

Please note\*\*\*\*The USFS rules prohibit retries prior to the 27<sup>th</sup> day following the date of the original test@

Please include the following items:

Test fees \_\_\_\_\_  
\$5.00 Ice Fee \_\_\_\_\_  
Total Due \_\_\_\_\_ (make checks payable to GHFSC)

Permission Letter from Home Club Received \_\_\_\_\_

### Dance - Please Circle

Preliminary - Dutch Waltz, Canasta Tango, Rhythm Blues \_\_\_\_\_ x \$14 (per dance)  
PreBronze - Swing Dance, Cha Cha, Fiesta Tango \_\_\_\_\_ x \$16 (per dance)  
Bronze - Hickory Howdown, Willow Waltz, Tenfox \_\_\_\_\_ x \$18 (per dance)  
PreSilver - 14Step, European Waltz, Foxtrot \_\_\_\_\_ x \$22 (per dance)  
Silver - American Waltz, Tango, Rocker Foxtrot \_\_\_\_\_ x \$28 (per dance)  
PreGold - Killian, Blues, Paso Doble, SW \_\_\_\_\_ x \$30 (per dance)  
Gold - Viennese Waltz, Westminster Waltz, QS, ArTango \_\_\_\_\_ x \$40 (per dance)  
Jr. and Sr. International \_\_\_\_\_ x \$45 (per dance)