

Name: _____ USFS#: _____ Age: _____ Test Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Home Phone: _____ Home Club: _____

Partner's name (write "solo" if taking without partner): _____ USFS#: _____

For Silver and above, fill out the following for school recognition;

Name of School: _____ Principal's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Prices are per dance, per skater. Circle or highlight the test(s) you want to take:

PRELIMINARY \$15	PRE-BRONZE \$15	BRONZE \$20	PRE-SILVER \$20
Dutch Waltz	Swing	Hickory Hoedown	Fourteen Step
Canasta	Cha-Cha	Willow Waltz	European Waltz
Rhythm Blues	Fiesta Tango	Tenfox	Foxtrot
SILVER \$25	PRE-GOLD \$25	GOLD \$35	FREE DANCE
American Waltz	Starlight Waltz	Viennese Waltz	Juvenile \$20
Harris Tango	Kilian	Westminster Waltz	Intermediate \$20
Rocker Foxtrot	Blues	Quickstep	Novice \$30
	Pasodoble	Argentine Tango	Junior \$45
			Senior \$50
INTERNATIONAL \$35	INTERNATIONAL \$35	INTERNATIONAL \$35	
Rhumba	Cha-Cha Congelado	Ravensburg	
Midnight Blues	Silver Samaba	Tango Romantic	
Austrian Waltz	Yankee Polka	Golden Waltz	

PAYMENT:

Test #1 Description: _____ \$ _____

Test #2 Description: _____ \$ _____

Test #3 Description: _____ \$ _____

Out of Club Fee - \$20 (SA of Plymouth, Westland FSC & SC of Novi members are exempt) \$ _____

Judge's Expense (required by all skaters) \$10.00 _____

TOTAL \$ _____

Skater/Parent Signature (Parent if skater is under 18) _____

Coach's Signature _____

<p>CERTIFICATION OF OUT OF CLUB APPLICANT: The applicant named above is a member in good standing with the Home Club listed above and is eligible to take the USFS test(s) applied for :</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Home Club Test Chair Signature</p>

ARE YOU WILLING TO VOLUNTEER AT THIS TEST SESSION? YES NO

All applications are due 14 days prior to test date. Submit check/money order made payable to "AFSC" (CASH NOT ACCEPTED) and completed application to Arctic Edge Arena, 46615 Michigan Ave., Canton, MI 48188, Attn: Test Chair. If you have any questions, contact the test chair, Magan Flynn @ 248-924-3035 or maganflynn@comcast.net.

NO LATE APPLICATIONS ACCEPTED
DATE RECEIVED: _____

NO REFUNDS
CHECK NO. _____