

GREAT NECK FIGURE SKATING CLUB

A Member of the United States Figure Skating Association

Test Application



Home Club Members

Test Date Requested _____

Skater's Name: _____ USFS #: _____

Parent's Signature: _____

Street: _____ City: _____ State: ____ Zip: _____

Telephone #: _____ Email: _____

Current Test Level – Moves: _____

Freestyle: _____

Dance: _____

Skating Professional Signature: _____

Professional Phone #: _____ Email: _____

PLEASE CIRCLE THE TEST YOU WISH TO TAKE

Pre-Preliminary	Moves - \$50	Freestyle - \$40
Preliminary	Moves - \$50	Freestyle - \$40
Pre-Juvenile	Moves - \$50	Freestyle - \$40
Juvenile	Moves - \$60	Freestyle - \$40
Intermediate	Moves - \$60	Freestyle - \$40
Novice	Moves - \$60	Freestyle - \$40
Junior	Moves - \$65	Freestyle - \$45
Senior	Moves - \$65	Freestyle - \$45

Must include Ice Fee: \$ 25.00

Make checks payable to GNFSC. Send Application and Check to:

GNFSC
PO Box 234388
Great Neck, NY 11023

CHECK # _____ in the amount of \$ _____

THIS APPLICATION IS NOT VALID UNLESS TEST FEE IS ATTACHED AND SIGNED WHERE INDICATED

The time of your test will be posted at the rink 5 days prior to the scheduled test date.

Please be at the rink at least **1 hour** before your scheduled test time.

Test fees **WILL NOT** be returned if test applied for is not taken (medical emergencies excluded).