

# 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 - \$55	Freestyle - \$45
Preliminary	Moves - \$55	Freestyle - \$45
Pre-Juvenile	Moves - \$55	Freestyle - \$45
Juvenile	Moves - \$65	Freestyle - \$45
Intermediate	Moves - \$65	Freestyle - \$45
Novice	Moves - \$65	Freestyle - \$45
Junior	Moves - \$70	Freestyle - \$50
Senior	Moves - \$70	Freestyle - \$50

**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).