

Colonial Skating Club of PA Test Application

Name:	USFSA#:	Age:
Address:	City:	State:
Zip: Phone#:	Home Club:	
Last Test Passed:	Coach Name:	
E-Mail Address:	Date of Test Applying for:	
Name of Partner:	USFSA#:	

THIS IS TO CERTIFY THAT THE APPLICANT FOR THIS TEST IS A MEMBER IN GOOD STANDING OF THE HOME CLUB AS INDICATED, AND IS ELIGIBLE, TO THE BEST OF MY KNOWLEDGE, TO TAKE THE TEST(S) APPLIED FOR:

Signature of Club Officer: _____	Club Officer Phone Number: _____
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MOVES IN THE FIELD	
Pre-Preliminary	\$10.00
Preliminary	\$15.00
Pre-Juvenile	\$20.00
Juvenile	\$25.00
Intermediate	\$30.00
Novice	\$35.00
Junior	\$40.00
Senior	\$45.00
ADULT MOVES IN THE FIELD	
Pre Bronze	\$20.00
Bronze	\$25.00
Silver	\$30.00
Gold	\$35.00

DANCE: (PER SKATER)	
<i>Preliminary</i>	
Dutch Waltz	\$12.00
Canasta Tango	\$12.00
Rhythm Blues	\$12.00
<i>PreBronze</i>	
Swing Dance	\$15.00
Cha Cha	\$15.00
Fiesta Tango	\$15.00
<i>Bronze</i>	
Hickory Hoedown	\$18.00
Willow Waltz	\$18.00
Ten Fox	\$18.00
<i>PreSilver</i>	
Fourteenstep	\$20.00
European Waltz	\$20.00
Foxtrot	\$20.00
<i>Silver</i>	
American Waltz	\$25.00
Tango	\$25.00
Rocker Foxtrot	\$25.00
<i>PreGold</i>	
Paso Doble	\$30.00
Kilian	\$30.00
Blues	\$30.00
Starlight Waltz	\$30.00
<i>Gold</i>	
Viennese Waltz	\$35.00
Westminister Waltz	\$35.00
Quickstep	\$35.00
Argentine Tango	\$35.00

DANCE TYPE:	(X)
Standard	()
Adult	()
Masters	()
Solo	()
Partnered	()

Free Dance (PER SKATER)	
Preliminary	\$15.00
Bronze	\$20.00
Silver	\$25.00
Gold	\$30.00

FREESTYLE	
Pre-Preliminary	\$10.00
Preliminary	\$15.00
Pre-Juvenile	\$20.00
Juvenile	\$25.00
Intermediate	\$30.00
Novice	\$35.00
Junior	\$40.00
Senior	\$45.00
ADULT FREESTYLE	
Pre-Bronze	\$20.00
Bronze	\$25.00
Silver	\$30.00
Gold	\$35.00

PAIRS: (PER SKATER)	
Preliminary	\$10.00
Juvenile	\$15.00
Intermediate	\$20.00
Novice	\$25.00
Junior	\$30.00
Senior	\$35.00
Adult Bronze	\$20.00
Adult Silver	\$25.00
Adult Gold	\$30.00

Signature of Applicant/Parent

Signature of Coach

Coach's Email

Coach's Phone Number

Make Check Payable To:

Colonial Skating Club of PA

Phone: (215) 352-4714

Fax: (215) 352-4715

Mail Application To:

MaryBeth Micciulla
13451 Priestly Street
Philadelphia, PA 19116

Attn: Colonial Skating Club

Total Cost of Test(s):	_____
\$15.00 Out of Club Fee	_____
\$10.00 Hospitality Fee:	\$10.00
Total Amount Enclosed:	_____

Cash: _____ Check: _____ Date: _____

PLEASE NOTE: No refunds will be given unless test is cancelled. Applicant is responsible to have application filled out completely and accurately as well as submitted by due date (10 days prior to the test). Failure to do so will result refusal of application by test chair.

There will be a \$30 fee for any returned checks.