

2019 Skating Club of New Hartford USFSA Test Session Application

Date: June 2, 2019 • 8:00am-1:00pm

Tests Accepted: Up to & including Gold Solo Dance/Silver Standard Dance
Senior MITF/Novice FS

Deadline: May 21, 2019

Location: Whitestown Community Center and Ice Rink, 1 Championship Way Whitesboro, NY 13492

Please Print:

Name _____ USFSA # _____ Phone # _____

Address _____

Home Club _____ E-Mail _____

On the tables below, please circle test type, level, dance code and fee for EACH test that you are taking:

Pattern Dance and/or Free Dance					SCNH Members	Non SCNH Members
Preliminary	DW	CT	RB	--	\$ 24	\$ 32
PreBronze	SD	CC	FIT	--	\$ 28	\$ 36
Bronze/ Juv. Free	HH	WIW	TF	--	\$ 32	\$ 40
PreSilver/ Inter. Free	14S	EW	FT	--	\$ 36	\$ 44
Silver/ Novice Free	AW	T	RF	--	\$ 42	\$ 50
PreGold/ Jr. Free	K	BL	PD	SW	\$ 48	\$ 56
Gold/ Sr. Free	VW	WW	QS	AT	\$ 54	\$ 62
Circle Applicable	Standard track	Solo track	Adult 21+	Adult 50+	Completes a Level?	Y N
Pro Name/ Phone:						
Pro Signature:						
Pro Email:						
Partner Name						
Partner Email						

Moves in the Field	SCNH Members	Non SCNH Members	Freestyle	SCNH Members	Non SCNH Members
PrePrelim	\$ 28	\$ 38	PrePrelim MUSIC Y N	\$ 24	\$ 34
Preliminary	\$ 32	\$ 42	Preliminary	\$ 28	\$ 38
PreJuvenile	\$ 36	\$ 46	PreJuvenile	\$ 32	\$ 42
Juvenile	\$ 40	\$ 50	Juvenile	\$ 36	\$ 46
Intermed.	\$ 44	\$ 54	Intermed.	\$ 42	\$ 52
Novice	\$ 49	\$ 59	Novice	\$ 47	\$ 57
Junior	\$ 54	\$ 64	Junior	\$ 52	\$ 62
Senior	\$ 59	\$ 69	Senior	\$ 57	\$ 67
Adult Pre-Bronze	\$ 34	\$ 44	Adult Pre-Bronze	\$ 29	\$ 39
Adult Bronze	\$ 39	\$ 49	Adult Bronze	\$ 34	\$ 44
Adult Silver	\$ 44	\$ 54	Adult Silver	\$ 39	\$ 49
Adult Gold	\$ 49	\$ 59	Adult Gold	\$ 44	\$ 54
Pro Name/ Phone:					
Pro Signature:					
Pro Email:					

Test Fee Summary	SCNH Member	Non SCNH Members	Return completed applications to: Beth Martin • 10723 Cosby Manor Rd., Deerfield, NY 13502 • bethscnh@gmail.com , 315-725-9091 (cell) Please make checks payable to Skating Club of New Hartford (SCNH). NO REFUNDS after deadline or for contingent tests. Deadline serves as an ending date to accept applications and in no way guarantees a skater a testing spot.
Dance Subtotal:	\$	\$	Home Club members have testing priority as long as form and payment are received prior to the deadline. Applications from non- SCNH club members will be accepted on the basis of when the application is received as well as the availability of ice time and judges. Test forms will not be accepted nor spots held without payment. Incomplete forms will be returned and subject to late fee if not resubmitted prior to the deadline.
Moves Subtotal:	\$	\$	
Freestyle Subtotal:	\$	\$	
Registration Fee:	\$ 10	\$ 15	Specific time requests must be noted on your application. We cannot guarantee, but will do our best to accommodate, time requests for religious, school or coach conflict reasons. A tentative schedule of test times will be posted at the rink and on our website (scnh.org) approximately 5 days before the test session with final schedule at least 1 day before the test session. Skaters should be at the rink one hour before their scheduled test(s). FOR CLUB USE: Check # _____ Date rec'd _____
Late Fee (\$25):	\$	\$	
Total:	\$	\$	

USFSA and its Member Clubs hosting tests undertake no responsibility for damages or injuries suffered by the candidates. As a condition of the acceptance of their applications, all candidates and their parents and/or guardians shall be deemed to have agreed to assume all risks of injury to the candidate's person and property resulting from, caused by or connected with the conduct and management of the tests, and to release any and all claims which they may have against any officials, the USFSA, the club hosting the tests and against their officers. Applications shall be accepted only on the foregoing conditions.

Parent or Skater's Signature _____ Date _____
(Parent if skater is under 18)

_____ is a member in good standing of the _____ Club, has met all USFSA requirements, and has permission to take the above listed tests.

Club Officer's Signature _____ Office _____ Date: _____