



BISMARCK FIGURE SKATING CLUB MEMBER TESTING FEES

Please Circle Tests Being Taken

Skater's Name: _____ USFSA # _____

Club Name: _____ Name of Primary Coach: _____

DANCE			MOVES IN THE FIELD		
PRELIMINARY				Pre-Preliminary	\$10.00
	Dutch Waltz	\$30.00		Preliminary	\$15.00
	Canasta Tango	\$30.00		Pre-Juvenile	\$20.00
	Rhythm Blues	\$30.00		Juvenile	\$25.00
PRE-BRONZE				Intermediate	\$30.00
	Swing Dance	\$35.00		Novice	\$35.00
	Cha Cha	\$35.00		Junior	\$40.00
	Fiesta Tango	\$35.00		Senior	\$45.00
BRONZE			Total for Moves:		
	Hickory Hoedown	\$40.00			
	Willow Waltz	\$40.00	FREE SKATING/ SOLO FREE DANCE		
	Ten Fox	\$40.00		Pre-Preliminary	\$10.00
PRE-SILVER				Preliminary	\$15.00
	Fourteen Step	\$50.00		Pre-Juvenile	\$20.00
	European Waltz	\$50.00		Juvenile	\$25.00
	Foxtrot	\$50.00		Intermediate	\$30.00
SILVER				Novice	\$35.00
	American Waltz	\$50.00		Junior	\$40.00
	Tango	\$50.00		Senior	\$45.00
	Rocker Foxtrot	\$50.00	Total for Free Skate:		
PRE-GOLD					
	Kilian	\$60.00			
	Blues	\$60.00			
	Paso Doble	\$60.00	DANCE TOTAL:	_____	
	Starlight Waltz	\$60.00	MOVES TOTAL:	_____	
GOLD			FREE SKATE TOTAL:	_____	
	Viennese Waltz	\$70.00	REGISTRATION FEE:	\$15.00	
	Westminster Waltz	\$70.00	TOTAL AMOUNT DUE:	_____	
	Quickstep	\$70.00		
	Argentine Tango	\$70.00	For Office Use Only		
INTERNATIONAL			Check #/Cash	_____	
	Rhumba	\$80.00	Amount Paid:	_____	
	Austrian Waltz	\$80.00	Owes/Credit:	_____	
	Cha Cha Congelado	\$80.00			
	Yankee Polka	\$80.00			
	Ravensburger Waltz	\$80.00			
	Tango Romantica	\$80.00			
	Silver Samba	\$80.00			
	Golden Waltz	\$80.00			
	Midnight Blues	\$80.00			
TOTAL FOR DANCE:			(Please contact Test Chair for International Dances)		

BISMARCK FIGURE SKATING CLUB TESTING APPLICATION FOR CLUB MEMBERS ONLY

DATE OF TEST SESSION:

Friday, May 10, 2019-Sunday, May 12, 2019

LOCATION:

Capital Ice Complex, 1504 Wichita Dr., Bismarck, ND 58504

TEST FEES:

Test fees must be paid in full before testing, make all checks payable to Bismarck Figure Skating Club or BFSC.

- **Refunds will be made only with a 72 hour prior notification, or a physician’s written excuse is needed.**

If conditional test is being taken, **please provide a separate check for all higher level conditional tests. This will make the refund process easier for all parties.** If the lower lever test is not passed and higher level test cannot be taken the conditional check will be given back to the skater.

NOTE: All dance tests must be completed by level. You must pass all dances within the pre-bronze level before you can test dances within the bronze level. Moves level must be passed before Free skate may be taken (Pre-Preliminary Moves must be passed prior to skater taking Pre-Preliminary Free skate)

Priority System: In the event that the test session becomes full, in any respect, priority goes to BFSC members (highest level has priority) followed by non-member applications received at the earliest date.

Partner Practice: We will do our best to accommodate each skater. Partner practice is not guaranteed but you are encouraged to request time in fifteen minute increments and practice will be assigned using the same priority system as listed above with amount of time awarded at the discretion of the partner and BFSC. Partner practice fee is \$21.00/15 minutes, checks will be payable to BFSC and will be paid to the partner at the time of the practice session.

TEST FORMS ARE DUE Friday, April 26, 2019. Test Forms Received After April 26, 2019 are not guaranteed to test. Testing will be at the discretion of the test chair, based on type of test and time allotted in the schedule.

SCHEDULE REQUESTS ARE STRONGLY DISCOURAGED. HOWEVER, ANY REQUESTS MADE WILL INCUR A \$50 FEE PER REQUEST, i.e. if your skater is testing 2 dances and you want them on a certain day or time the cost would be \$100.

All forms and test fees must be received BEFORE skater will be permitted to test.

Drop in file box at rink (Test Session Folder) or mail to BFSC test chair:

Suzanne Fuchs

210 W Avenue B

Bismarck ND 58501

Signature of Professional: _____

I grant permission for my son/daughter to participate in this test session. I understand that applicants waive all claims for injury and liabilities for damage or loss of property.

****This test session cannot be successful without your help, by signing this form you consent to help with one of the following areas:**

_____ **Providing Food/Money** _____ **Runner** _____ **Announcer**

You will be contacted the week of testing with details. Thank you!

Signature of Parent: _____ **Date:** _____