

NAME: _____ Skater's E-mail: _____

USFS #: _____ Home Club: _____

Skating Skills

PRE-PRELIMINARY	\$37	<input type="checkbox"/>
PRELIMINARY	\$42	<input type="checkbox"/>
PRE-BRONZE	\$47	<input type="checkbox"/>
BRONZE	\$52	<input type="checkbox"/>
PRE-SILVER	\$57	<input type="checkbox"/>
SILVER	\$62	<input type="checkbox"/>
PRE-GOLD	\$67	<input type="checkbox"/>
GOLD	\$77	<input type="checkbox"/>
ADULT PRE-BRONZE	\$37	<input type="checkbox"/>
ADULT BRONZE	\$47	<input type="checkbox"/>
ADULT SILVER	\$52	<input type="checkbox"/>
ADULT GOLD	\$62	<input type="checkbox"/>

Singles

PRE-PRELIMINARY	\$30	<input type="checkbox"/>
PRELIMINARY	\$40	<input type="checkbox"/>
PRE-BROZE	\$47	<input type="checkbox"/>
BRONZE	\$52	<input type="checkbox"/>
PRE-SILVER	\$57	<input type="checkbox"/>
SILVER	\$62	<input type="checkbox"/>
PRE-GOLD	\$67	<input type="checkbox"/>
GOLD	\$72	<input type="checkbox"/>
ADULT PRE-BRONZE	\$37	<input type="checkbox"/>
ADULT BRONZE	\$42	<input type="checkbox"/>
ADULT SILVER	\$52	<input type="checkbox"/>
ADULT GOLD	\$62	<input type="checkbox"/>

PAIRS TEST

BRONZE	\$37	<input type="checkbox"/>
PRE-SILVER	\$42	<input type="checkbox"/>
SILVER	\$47	<input type="checkbox"/>
PRE-GOLD	\$52	<input type="checkbox"/>
GOLD	\$57	<input type="checkbox"/>
ADULT BRONZE	\$42	<input type="checkbox"/>
ADULT SILVER	\$52	<input type="checkbox"/>
ADULT GOLD	\$57	<input type="checkbox"/>

FREE DANCE

Partnered or Solo

BRONZE	\$37	<input type="checkbox"/>
PRE-SILVER	\$42	<input type="checkbox"/>
SILVER	\$47	<input type="checkbox"/>
PRE-GOLD	\$52	<input type="checkbox"/>
GOLD	\$57	<input type="checkbox"/>
ADULT PRE-BRONZE	\$37	<input type="checkbox"/>
ADULT BRONZE	\$42	<input type="checkbox"/>
ADULT SILVER	\$52	<input type="checkbox"/>
ADULT GOLD	\$57	<input type="checkbox"/>

Partner Name: _____ Partner USFS#: _____

DANCE

STANDARD	<input type="checkbox"/>
SOLO	<input type="checkbox"/>
ADULT	<input type="checkbox"/>
MASTERS	<input type="checkbox"/>

(SPECIFY DANCES TO BE TAKEN)

Fee Per Dance

PRE-BRONZE:	_____	\$37	<input type="checkbox"/>
BRONZE:	_____	\$42	<input type="checkbox"/>
PRE-SILVER:	_____	\$42	<input type="checkbox"/>
SILVER:	_____	\$47	<input type="checkbox"/>
PRE-GOLD:	_____	\$52	<input type="checkbox"/>
GOLD:	_____	\$57	<input type="checkbox"/>
INTERNATIONAL:	_____	\$57	<input type="checkbox"/>

PERMISSION TO TEST

COACH

Name: _____ Signature: _____

OUT-OF-CLUB TEST CHAIR (Out-of-Club Skaters Only)

Name: _____ Signature: _____

Position: _____

TEST FEES (total of ALL tests checked above):	_____
OUT-OF-CLUB FEES:	\$30 _____
LATE FEE:	\$25 _____
HOSPITALITY FEE:	\$10 _____ \$10 _____
TOTAL	_____

Skaters who are not LCSC members or part of an Indiana Council Member Club must pay a \$30 guest fee. All skaters must pay a \$10 hospitality fee. Refunds will not be given 7 days prior to the test with the exception of injury, illness or extraordinary family emergencies. Please complete test application and place in the Compliance Chair Mailbox at the rink or mail to: PO Box 972, Columbus IN, 47202. Checks payable to Lincoln Center Skate Club. Deadline is 10 days before test date or up to 3 days prior with a \$25 late fee.. All tests subject to judge availability and at the descretion of LCSC.