LN CENTER SKATE	CLUB TEST	T APPLICATION	TEST DATE:
Ē:		Skater's E-mail:	
#:		Home Club:	
S-IN-THE-FIELD ILLIMINARY INARY VENILE ILE MEDIATE E	\$42	FREESKATE PRE-PRELIMINARY PRELIMINARY PRE-JUVENILE JUVENILE INTERMEDIATE NOVICE	\$35 \$45 \$52 \$57 \$62 \$67
DR DR .T PRE-BRONZE .T BRONZE .T SILVER .T GOLD	\$72	JUNIOR SENIOR ADULT PRE-BRONZE ADULT BRONZE ADULT SILVER ADULT GOLD	\$72 \$77 \$42 \$47 \$57 \$67
AS TEST (PER PARTNER) JUVENILE ENILE ERMEDIATE JUCE JUCE JUCR JUCR JUCR JUCR JUCR JUCR JUCR JUCR	\$37 \$42 \$47 \$52 \$57 \$62 \$32 \$47 \$57	FREE DANCE (PER PARTN JUVENILE INTERMEDIATE NOVICE JUNIOR SENIOR ADULT PRE-BRONZE ADULT BRONZE ADULT SILVER ADULT GOLD Partner Name: Partner USFS#:	\$42 \$47 \$52 \$57 \$62 \$47 \$57 \$62 \$47
NDARD O O O O O O O O O O O O O O O O O O O	(SPECIFY DANCES TO PRELIMINARY: PRE-BRONZE: BRONZE: PRE-SILVER: SILVER: PRE-GOLD: GOLD: INTERNATIONAL:	D BE TAKEN)	\$27 \$32 \$32 \$37 \$42 \$47 \$52 \$52 \$57
MISSION TO TEST CH e:		Signature:	
-OF-CLUB TEST CHAIR (Out-	of-Club Skaters Only)	Signature:	

Position:

TEST FEES (total of ALL tests checked above):

OUT-OF-CLUB FEES: \$30

LATE FEE: \$25

HOSPITALITY FEE: \$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.