

TESTING APPLICATION

TEST DATE.....JANUARY 13, 2012

In conjunction with its annual competition – the Mohawk Valley Classic - the Skating Club of New Hartford will be hosting a test session at the Whitestown Skating Arena in Whitesboro on January 13, 2012. We will be able offer Moves in the Field and Freeskate tests up through Senior level. All Adult Moves and Adult Freeskate tests will be available. All solo and partnered dances will be available. The approximate testing hours will be 2pm to 9pm, on the Friday before the competition. A schedule of tests will be available no earlier than Tuesday, January 11, 2012.

Upon close of registrations, the test chair will release any unscheduled ice on the day of testing. Other than a small buffer period and any late test withdrawals, there will not be extra ice to schedule late registering tests. Please register early. Cancellations received after the close of registration will not receive a refund.

INSTRUCTIONS:

1. On time applications must be postmarked or hand-delivered to a New Hartford Board member **by DECEMBER 30, 2011.**
2. Applications postmarked after December 30th will be considered LATE.
3. Late applications will be accepted ONLY at the discretion of the Test Chairperson. If accepted, a \$30 late fee will be required.
4. Exact test fees (including late fees) must accompany fully completed test applications.
5. The test session hospitality fee is waived for any Mohawk Valley Classic competitors.
6. Incomplete applications will be returned to the skater for completion. Should this cause the resubmission to be late, late fees may be assessed or the application may be denied.
7. Mail to:

The Skating Club of New Hartford, 14 Overbrook Circle, New Hartford, NY 13413

TEST FEES

TEST	MIF Fee	FS Fee	Partner Dance	Dance	Dance	Dance	Dance	Fee / Dance
Pre-Preliminary	\$25	\$25	Preliminary	DW	CT	RB		\$20
Preliminary	\$30	\$30	Pre-Bronze	SD	CC	FIT		\$25
Pre-Juvenile	\$33	\$33	Bronze	HH	WIW	TF		\$28
Juvenile	\$35	\$35	Pre-Silver	14S	EW	FT		\$30
Intermediate	\$40	\$40	Silver	AW	T	RF		\$35
Novice	\$45	\$45	Pre-Gold	K	BL	PD	SW	\$40
Junior	\$50	\$50	Gold	VW	WW	QS	AT	\$45
Senior	\$55	\$55						
Pairs Preliminary	--	\$30	Solo Dance					
Pairs Juvenile	--	\$33	Preliminary	DW	CT	RB		\$20
Pairs Intermediate	--	\$35	Pre-Bronze	SD	CC	FIT		\$25
Pairs Novice	--	\$40	Bronze	HH	WIW	TF		\$28
Adult Pre-Bronze	\$30	\$30	Pre-Silver	14S	EW	FT		\$30
Adult Bronze	\$33	\$33	Silver	AW	T	RF		\$35
Adult Silver	\$35	\$35	Pre-Gold	K	BL	PD	SW	\$40
Adult Gold	\$40	\$40	Gold	VW	WW	QS	AT	\$45

**APPLICATION
TEST – JANUARY 13, 2012**

Applicant's Name: _____
Address: _____ Phone: _____
Home Club: _____ USFSA # _____
E-Mail address: _____

Date/level of last test:

Figures _____ Free Skating _____ Dance _____
Free Dance _____ Field Moves _____ Pairs _____

Test(s) to be taken:

Freestyle: _____ Fee: \$ _____
Moves in the Field: _____ Fee: \$ _____
Dance: _____ Fee: \$ _____ **Partner: _____ USFSA # _____
Dance: _____ Fee: \$ _____ **Partner: _____ USFSA # _____
Pairs: _____ Fee: \$ _____ **Partner: _____ USFSA # _____

AFTER DECEMBER 30, 2011 \$30.00 (LATE)
HOSPITALITY FEE \$10.00 (All non-MVC competitors)

TOTAL: \$ _____

*****Checks should be made payable to: The Skating Club of New Hartford *****

To the best of my knowledge, the above candidate is eligible to test for the indicated tests.

Professional Signature: _____ Date: _____ Professional
Printed Name _____

Home Club Officer – Permission to test

To the best of my knowledge, the above is true and correct and the candidate is a member in good standing of our club.

_____ Date: _____
(signature and title)

The USFSA and its member clubs holding tests undertake no responsibility for damages or injuries suffered by the candidates. As a condition of and in consideration of the acceptance of their applications therefore, 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 holding the tests and its officers.

Applicant's Signature: _____ Date: _____
Parent or Guardian Signature: _____ Date: _____

**INCOMPLETE FORMS WILL BE RETURNED FOR CORRECTION
AND MAY BE SUBJECT TO LATE FEE OR NOT ACCEPTED**

! NO REFUNDS WILL BE ISSUED AFTER REGISTRATION DEADLINE – DECEMBER 30, 2011 !!

**MAIL TO: Skating Club of New Hartford, 14 Overbrook Circle, New Hartford, NY 13413
e-mail: rkp1218@aol.com phone: (315) 792-9939**