



TEST APPLICATION

Skater's Name _____ USFSA# _____

Email Address _____ Phone# _____

Home Club _____ Highest Test Passed _____

Mailing Address _____

Skating Professional Email _____ Signature _____

Skater's Signature (Parent/Guardian if under 18) _____

SELECT TESTS – Test Fees include both CPFSC & USFS fees.

Moves in the Field

Free Skating

Pairs

TEST	FEE	TEST	FEE	TEST	FEE
Pre-Preliminary*	\$15	Pre-Preliminary*	\$10	Preliminary	\$15
Preliminary*	\$20	Preliminary*	\$12	Pre-Juvenile	\$16
Pre-Juvenile	\$25	Pre-Juvenile	\$15	Juvenile	\$18
Juvenile	\$25	Juvenile	\$18	Intermediate	\$20
Intermediate	\$30	Intermediate	\$20	Novice	\$25
Novice	\$30	Novice	\$25	Junior	\$30
Junior	\$35	Junior	\$30	Senior	\$35
Senior	\$35	Senior	\$35		
Adult Pre-Bronze*	\$18	Adult Pre-Bronze*	\$15		
Adult Bronze	\$22	Adult Bronze	\$15		
Adult Silver	\$25	Adult Silver	\$20		
Adult Gold	\$30	Adult Gold	\$25		

**It may be necessary for these tests to be judged by a single test judge.*

Dance (Circle each) – Indicate adult, master, solo or standard. Fee is per dance.

TEST	FEE	TEST	FEE
Preliminary*- DW, CT, RB	\$12	International-AUS, CON, GW, MB	\$45
Pre-Bronze*-SD, CC, FIT	\$13	International-RW, R, SAM, TR, YP	\$45
Bronze* - HH, WIW, TF	\$14	Juvenile Free*	\$15
Pre-Silver- 14S, EW, FT	\$20	Intermediate Free*	\$20
Silver- AW, T, RF	\$25	Novice Free	\$25
Pre-Gold- K, BL, PD, SW	\$30	Junior Free	\$30
Gold- VW, WW, QS, AT	\$35	Senior Free	\$35

**U.S. Figure Skating School Recognition Program:
To participate, please complete the following:**

School:	Principal:
School Address:	

Please complete both pages of application

Please refer to the test announcement for application deadline. Applications received after the deadline, are subject to a \$25 late fee. Skaters who withdraw after the application deadline forfeit test fees unless the test session is canceled or judges cannot be obtained for a particular test. All fees must accompany the application. Test schedule will be emailed approximately one week prior to the test session. Arrive one hour before test time.

PERMISSION TO TEST FOR NON-CPFSC MEMBERS:

_____ is a member in good standing of the
(Skater's name)

_____ and has permission to test with CPFSC.
(Home Club)

Signed: _____ Date: _____
(Appropriate Board Member)

Total of Test Fees: _____

Ice Fee: \$10.00

Judges Hospitality Fee: \$5.00

\$25 Late Fee: _____

\$25 Non-Member Fee: _____

Total Fee Due _____

**Make checks payable to CPFSC.
Mail Applications to:
Reneé Greenawalt
CPFSC Test Chair
103 Park Place
Camp Hill, PA 17011**

In order for tests to be scheduled, *both the application and the fees must be **received by the Test Chair** no later than the posted Test Deadline date. Applications submitted without fees will not be scheduled.* Please write any special circumstances or requests on this form. Questions? Contact Reneé Greenawalt at 717-877-8744 or Test_Chair@centralpennfsc.org