South Bay Figure Skating Club Singles & Pairs Testing Application

Please do not submit this application unless your coach has signed off on your desired test. If your coach does not sign this form, it will be mailed back to you and your space will not be reserved until your coach has signed it. Testing is on a first come/first serve basis. NO spaces will be reserved WITHOUT a testing form and Payment. Select Requested Month and Time.

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Test Candidate Name	USFS No.	Circle Requested month & Time:		
		Jan, Feb, March, April, May, June,		
		July, Aug., Sept., Oct., Nov., Dec.		
		Weekday - Evening/Weekend		
Email Address	Phone Number	Home Club		
Coach Name	Coach Phone Number	Coach email if known:		
Partner Name *	Parent Name (if Skater is under 18	vears of age)		
Tarther Harris	Falent Name (ii Skater is under 10 years of age)			
*5				
* Each partner must submit a separate test request for	orm			
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Please Note:				
 All completed test request forms and fees must be 				
THREE WEEKS PRIOR TO THE TEST DATE R				
 Test request forms will be processed in the order 	received. Test candidates will be so	cheduled for the next available		
weekday or evening/weekend test session on				
There will be NO REFUNDS for tests cancelled leg	ess than seven days prior to the test wi	thout certification of injury or illness.		
 Test schedule change requests received less that 	- · · · · · · · · · · · · · · · · · · ·	• •		
form, along with fees, must be re-submitted.	ar cover days prior to the test will be ex	moradica a carromation, a new toot		
 If you are a member of AYFSC or LAFSC a letter 	of permission is not required. If you a	re a member of any other club, a letter		
of permission MUST follow this form. If not, your				
 Test Session dates, times, and schedules, will be 				
Test dession dates, times, and schedules, will be	e posted on the Obi OC Website at www	v.southbayisc.com		
Submit this form with test fe	es to the South Bay Figure Skating (Club Test Chair:		
SBFSC - TESTING				
Skating Edge Ice Arena				
23770 Western Ave				
Harbor City, CA 90710				
I certify that the above information is correct and com	plete and that I have read and understa	and the conditions stated herein. I also		
understand the test session time and availability is lim	nited and that I may be scheduled for a	time and date that is different from		
what I have requested.	•			
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Candidate Signature:				
-				
Parent or Guardian Signature (if skater is under 18 years of age):				
<u>-</u> ,				
Coach Signature				

See back of page for fees

14-1018

Test Fee Schedule Effective December 1, 2013

Please put a check in the box next to the test(s) you wish to take. Use the worksheet below to tally the total fees due.

MOVES IN THE FIELD			
PRE-PRELIMINARY	\$30		
PRELIMINARY	\$30		
PRE-JUVENILE	\$40		
JUVENILE	\$40		
INTERMEDIATE	\$45		
NOVICE	\$45		
JUNIOR	\$50		
SENIOR	\$50		
ADULT MOVES IN THE FIELD			
PRE-BRONZE	\$30		
BRONZE	\$30		
SILVER	\$40		
GOLD	\$45		
PAIRS *			
PRELIMINARY	\$20		
JUVENILE	\$25		
INTERMEDIATE	\$30		
NOVICE	\$30		
JUNIOR	\$35		
SENIOR	\$35		
		_	

FREESTYLE			
PRE-PRELIMINARY	\$30		
PRELIMINARY	\$30		
PRE-JUVENILE	\$40		
JUVENILE	\$40		
INTERMEDIATE	\$40		
NOVICE	\$40		
JUNIOR	\$50		
SENIOR	\$50		
ADULT FREESTYLE			
PRE-BRONZE	\$30		
BRONZE	\$30		
SILVER	\$40		
GOLD	\$40		

ADDITIONAL FEES:

There is an additional fee of \$60.00 for non-members. If you are a non-member and plan to continue to test at our club, it is beneficial for you to join as a 2nd club member so your costs are less at future testing sessions.

FEES WORKSHEET	
Moves In the Field Subtotal	
Freestyle Subtotal	
Pairs Subtotal	
Non Club Members add \$60	
2 nd Club members add \$20	
Hospitality Fee add \$10	\$10
Late Entry Fee add \$30	
Total Amount Due	

^{*} Pair test fees are PER PERSON

Make all checks payable to: South Bay FSC



South Bay FSC Testing Policy Revised December 1, 2013

Due to the large quantity of test requests and limited ice time and judge availability, the South Bay FSC is implementing a more formal test request policy. Please note the following guidelines:

- (1) An effort will be made to schedule ice time for tests each month, but at least every other month. Test sessions will be on Sundays whenever possible, but may at times be held on Thursday evening during Club Session.
- (2) The testing schedule is dependent on the hockey schedule. Test dates and times will be posted on the South Bay FSC website, www.southbayfsc.org or www.southbayfsc.com as soon as ice time is confirmed.
- (3) Make sure the forms are completed in full, including desired month for the requested test, coach's signature, contact information, and type of test requested.
- (4) Completed forms must be submitted with all appropriate test fees, including the \$10 HOSPITALITY FEE. This covers refreshments for the judges and test volunteers. No test will be scheduled without payment first.
- (5) Test applications will be processed in the order received. Requested test date may not be available due to limited ice time or judge availability. Requests received after the roster has been filled will be charged an additional \$30 late entry fee OR will be postponed to the next available test date.
- (6) Requests received after a panel of judges has been confirmed may be rescheduled to the next test date, if the confirmed panel is not the appropriate judging level.
- (7) NO REFUNDS will be given for tests cancelled less than 7 days prior to the test, <u>unless</u> <u>accompanied by a doctor's note showing proof of illness, injury or accident</u>. If the skater is not ready for test do NOT submit form.
- (8) Fees for tests postponed due to insufficient ice time or judge availability will not be charged until the test makes it to the roster, and the correct level panel of judges is available.
- (9) Test sessions with fewer than 10 skaters, 10 days out from the test date may be rescheduled to a later date.

Thank you for your cooperation!