FIGURE SKATING CLUB OF BIRMINGHAM

DANCE TEST FORM

***SKATER MUST BE IN GOOD STANDING TO TEST ***



Date of Test:	USFS#	Home Club:		
Name:		Phone:		
Address:	City:	State & Zip:		
Last Test Passed & Date:		Parent Signature:		
Parent/Guardian Email:		Parent Phone:		
Coach USFS#:	Coach Signature:	Coach Email:		

PRELIMINARY		PRE-BRONZE			BRONZE		PRE-SILVER				
DUTCH WALTZ:	\$22.00		SWING DANCE:	\$22.00		HICKORY HOEDOWN:	\$22.00		FOURTEEN STEP:	\$27.00	
CANASTA TANGO:	\$22.00		CHA -CHA:	\$22.00		WILLOW WALTZ:	\$22.00		EUROPEAN:	\$27.00	
RHYTHM BLUES:	\$22:00		FIESTA TANGO:	\$22.00		TEN FOX:	\$22.00		FOXTROT:	\$27.00	
DOES THIS COMPLETE YOUR PRELIMINARY LEVEL			DOES THIS COMPLETE YOUR PRE-BRONZE LEVEL		•	DOES THIS COMPLETE YOUR BRONZE LEVEL			DOES THIS COMPLETE YOUR PRE-SILVER LEVEL		

SILVER			PRE-GOLD			GOLD	ADU	ADULT		
AMERICAN WALTZ:	\$32.00	0	STARLIGHT WALTZ:	\$37.00		VIENNESE WALTZ:	\$42.00	SILVER: \$27.00		
ROCKER FOXTROT:	\$32.00	ſ	PASO DOBLE:	\$37.00		WESTMINSTER:	\$42.00	PRE-GOLD:	\$27.00	
TANGO:	\$32:00	ŀ	KILLIAN:	\$37.00		QUICKSTEP:	\$42.00	GOLD:	\$27.00	
		E	BLUES:	\$37.00		ARGENTINE TANGO:	\$42.00			
DOES THIS COMPLETE YOUR SILVER LEVEL			DOES THIS COMPLETE YOUR PRE-GOLD LEVEL 🗆			DOES THIS COMPLETE YOUR GOLD LEVEL 🗆		DOES THIS COMPLETE YOUR ADULT LEVEL		
NAME OF PARTNER:		-		•		USFS#		ł	-	

		CHECK PAYABLE TO FSCB
TOTAL TEST FEE	\$	
		TEST FORMS ARE DUE 14 DAYS PRIOR TO TEST DATE, BEFORE 5:00 PM
OUT OF CLUB FEE	\$ 15.00	NO EXCEPTIONS
LATE FEE	\$ 25.00	MAILED APPLICATIONS MUST BE POSTMARKED 14 DAYS PRIOR AND AN EMAIL
	Ç 25100	MUST BE RECEIVED 14 DAYS PRIOR STATING IT HAS BEEN MAILED
JUDGE FEE (applies to all skaters)	<mark>\$ 15.00</mark>	EMAIL: rachelblee.ps91@gmail.com
		MAILING ADDRESS: FSCB TEST CHAIR, 1221 Bowers St., PO BOX 1141,
		BIRMINGHAM, MI 48009
		OUT OF CLUB APPLICATIONS MUST INCLUDE LETTER OF PERMISSION
		NO REFUNDS UNLESS TEST IS CANCELED BY FSCB
		APPLICATION WILL BE RETURNED TO PROFESSIONAL IF INCOMPLETE
TOTAL FEES DUE	s	\$25 FEE FOR ACCEPTANCE OF LATE APPLICATIONS

FOR FSCB OFFICE USE ONLY							
Date Received:	Total Fees:	Cash	Check #	Name on check:			