



Washington Figure Skating Club

Test Application



Instructions - Please follow carefully. Incomplete applications will be returned and your test will not be scheduled.

Please Complete BOTH Pages/Sides of This Form.
 Completed application and test fees MUST BE RECEIVED THREE WEEKS BEFORE THE TEST DATE
 or the test will not be scheduled. Please mail this application to the Test Chairperson listed on the back/page 2.
 Candidate must be a USFS member ONE MONTH BEFORE SCHEDULED TEST.
 Test candidates will be considered on a first-come, first served basis as time, space, and judging permits.

PART 1: WHO YOU ARE

Candidate's Name: _____ USFS No: _____
 Address: _____ City _____ State _____ Zip _____
 Phone No. incl. area code: (_____) _____ Email _____
 Club through which your USFS Number* is registered: _____ Age if under 18: _____
 *If your home club is not WFSC, a letter of permission from your test chairperson must accompany application.
 WFSC Member _____ Associate _____ M _____ F _____ TEST DATE: ____/____/____

PART 2: THE TESTS YOU WILL TAKE

There will be no contingency testing.

Moves and Free Skating Tests**	Dance Tests																																																																							
Ice fee for non-WFSC members.....\$50	Ice fee for non WFSC members\$50																																																																							
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PART 3: FEES to be included with Application

Test Fees \$ _____
Ice Fees \$ _____ (for non-WFSC members)
Total Fees \$ _____

Please make checks payable to **Washington Figure Skating Club or WFSC**.

Please submit separate checks for each of these categories: Adult Moves, Moves In The Field, and Free Skating Test!

Please Note: A \$35 fee will be charged for all checks returned by the bank for **any** reason.

Test fees this season are **not refundable**, except in the case of injury or illness.

In such case, a doctor's certification must be presented to the appropriate test chairperson.

Part 4: NAMES AND SIGNATURES

Teaching Professional (please print): _____ Phone (____) ____ - _____

Signature of Teaching Professional: _____

Email of Teaching Professional: _____

Testing Partner: _____

Volunteers – Test sessions cannot be held without help from volunteers. Please choose one of the following activities to help out on the day of the test. The volunteer coordinator will be in contact with you prior to the test.

- I'll help with test papers on the day of the test I'll help with monitoring I'll help with scheduling
 I'll help with food preparation and cleanup I'll help with announcing I'll help with music

Name: _____ Phone: (____) ____ - _____

NO CHANGES WILL BE MADE AFTER THE POSTING OF TEST SCHEDULES!

Mail this form with accompanying check to the appropriate chairman.



Dance Test Chair:
Juleann Fallgatter
302 G Street, NE
Washington, DC 20002
wfsdance@gmail.com



MIF/Freestyle Test Co-Chair:
Christine Furman
9907 Fleming Ave.
Bethesda, MD 20814
wfscmiftest@gmail.com