



TEST APPLICATION - CHARTER OAK FIGURE SKATING CLUB

P.O. Box 253, Simsbury, CT 06070 - (860) 651-8299



Name:		Phone:	USFS No.
Address:		Age/Birthdate:	
Town/State/ Zip Code:		Charter Oak Member? Full _____ Associate _____	
E-mail:		Home Club (other than COFSC):	
Partner's name (pairs/dance only):		Partner's club (pairs/dance only):	

★ Signature of applicant: _____ *By signing, you accept the terms described here and page two of this form.* If applicant is a minor (younger than 18 yrs of age), a parent or guardian must sign to acknowledge consent.

Signature of parent or guardian: _____

★ **Non-Charter Oak Home Club Members** - All applicants should include a copy of their USFS membership card as proof of current membership. Members of other clubs should have the area below completed and signed by your Home Club officer or submit a separate permission form:

The individual identified above is a member in good standing with (club) _____ for the period _____ to _____ and has permission to test at Charter Oak.

Signed _____ Title _____ Date _____

★ Signature of Coach: _____ Printed: _____

Coach's USFS #: _____ Coach Email: _____

All Coaches must be REGISTERED AND have obtained CER Category: A OR B!

Test Date: _____

Test Level	<input type="checkbox"/> Moves	<input type="checkbox"/> Freestyle	<input type="checkbox"/> Pairs	<input type="checkbox"/> Free Dance
<input type="checkbox"/> Pre-Preliminary	\$30	\$30		
<input type="checkbox"/> Preliminary	\$35	\$35		
<input type="checkbox"/> Pre-Juvenile	\$40	\$40	\$40	
<input type="checkbox"/> Juvenile	\$40	\$40	\$40	\$30
<input type="checkbox"/> Intermediate	\$45	\$45	\$45	\$35
<input type="checkbox"/> Novice	\$45	\$45	\$45	\$40
<input type="checkbox"/> Junior	\$50	\$50	\$50	\$45
<input type="checkbox"/> Senior	\$55	\$55	\$55	\$50
<input type="checkbox"/> Adult Pre-Brnz	\$30	\$30		\$30
<input type="checkbox"/> Adult Bronze	\$35	\$35	\$35	\$35
<input type="checkbox"/> Adult Silver	\$40	\$40	\$40	\$40
<input type="checkbox"/> Adult Gold	\$45	\$45	\$45	\$45

★ Check all appropriate boxes and circle **O** appropriate fees. List all applicable fees below.

NOTE: \$30 Guest Fee: Non-COFSC members must pay guest fee per test session (not per test)

Payment required before skater will be put on test schedule.

Please make checks payable to COFSC

Test Fees _____

Hospitality Fee **\$5 (all skaters)**

Guest Fee _____

Late Fee _____

Total Enclosed _____

Compulsory Dance	FEE below is for ONE dance test, each additional dance, of the same level is \$15 extra				
	<i>CHOOSE A TRACK.....</i>				
	<input type="checkbox"/> Standard	<input type="checkbox"/> Adult	<input type="checkbox"/> Masters	<input type="checkbox"/> Solo	
<input type="checkbox"/> Preliminary	\$20	<input type="checkbox"/> DW	<input type="checkbox"/> CT	<input type="checkbox"/> RB	
<input type="checkbox"/> Pre-Bronze	\$25	<input type="checkbox"/> SD	<input type="checkbox"/> CC	<input type="checkbox"/> FIT	
<input type="checkbox"/> Bronze	\$30	<input type="checkbox"/> HH	<input type="checkbox"/> WIW	<input type="checkbox"/> TF	
<input type="checkbox"/> Pre-Silver	\$35	<input type="checkbox"/> 14S	<input type="checkbox"/> EW	<input type="checkbox"/> FT	
<input type="checkbox"/> Silver	\$40	<input type="checkbox"/> AW	<input type="checkbox"/> T	<input type="checkbox"/> RF	
<input type="checkbox"/> Pre-Gold	\$45	<input type="checkbox"/> K	<input type="checkbox"/> BL	<input type="checkbox"/> PD	<input type="checkbox"/> SW
<input type="checkbox"/> Gold	\$50	<input type="checkbox"/> VW	<input type="checkbox"/> WW	<input type="checkbox"/> QS	<input type="checkbox"/> AT
<input type="checkbox"/> International	\$55	<input type="checkbox"/> AUS	<input type="checkbox"/> CON	<input type="checkbox"/> GW	<input type="checkbox"/> MB <input type="checkbox"/> RW
		<input type="checkbox"/> R	<input type="checkbox"/> SAM	<input type="checkbox"/> TR	<input type="checkbox"/> YP <input type="checkbox"/> FS

COFSC OFFICE USE ONLY - V.5-2011

Fees

Moves _____ Freestyle _____

Pairs _____ Dance _____

Late Fee _____ Guest _____

Other _____ Hospitality _____

Total _____

Date Rec'd _____ Check No. _____

APPLICATION DEADLINE IS ONE WEEK PRIOR TO TEST DATE. Applications received after the deadline date are accepted at the discretion of the Test Chair, and require a **\$20 late fee**. A fee of **\$30** will be assessed for a "bounced" check.

TEST SESSION APPLICATION INFORMATION - PLEASE READ CAREFULLY

The COFSC test session application has been simplified to a single page. Please print clearly and complete all applicable sections. Pay close attention to the following points regarding application for testing:

1. Applications may be downloaded from the club website www.charteroakfsc.com. They are also available in the Club office and in the racks to the left of the front desk at ISCC.
2. Applications & fees must be received by the deadline for the test session, which is one week prior to the test date. Applications received after the deadline are accepted at the discretion of the Test Chair, and require a **\$20 late fee**. An additional \$20 will be assessed if the check is returned by the bank. All fees must accompany an application. Application must be completed and signed by the applicant (or parent/guardian) & the appropriate coach or coaches. Non-club members must also obtain approval from their Home Club in order to participate in a COFSC test session.
3. Ice and judge arrangements are made in response to the needs for the session. Therefore, the following policies are in effect regarding fee refunds. Fees for cancelled tests are refundable up to one week prior to the test session. Cancellation must be made, in writing, at least one week prior to the test session. If a skater or coach decides to delay the test after the test deadline to a later test session a fee of \$20 will apply. **Fees for tests cancelled less than one week prior to the test session are NOT refundable and may not be credited to the next test session.** This includes contingency fees paid if the skater is not eligible to take an additional test. In the case of an injury or illness, refund will be considered upon the receipt of a doctor's statement. **If a test session is cancelled or a test is deferred by the Test Chair, applicants will be entitled to a refund.**
4. All applicants must, at the time of the test, have a **current USFS number as a member in good standing of USFS**. The applicant's USFS number must appear on the test application. Tests rejected by the USFS due to lack of membership will require an additional processing fee of \$10 to resubmit. **Incomplete applications will be returned unprocessed.**
5. All applications must include a **\$5 Hospitality Fee**.
6. Non-members of COFSC must include in their application a **\$30 Guest Fee** (per test session) in addition to other test fees.
7. Fees for a special scheduled test session (i.e., figures, etc.) will be based upon a pro rata share of actual test session expenses if regular fees are inadequate to cover cost.
8. COFSC "home club members" have preference at all test sessions, followed by "associate members", "guests" and then late entries.
9. Copies of test papers will be made available as soon as possible following testing. In the event of copying problems, original papers may be viewed briefly and copies will be mailed if necessary. **Original test papers must not be removed from the rink under any circumstances.**

COMPLETED APPLICATIONS MAY BE LEFT IN THE CHARTER OAK MAIL BOX AT ISCC or MAILED TO COFSC.

TEST SESSION INFORMATION

Test applicants should heed the following advice before completing the application and paying test fees.

- ☆ A test should not be scheduled for a day when you have another "unavoidable commitment" such as a medical test, SAT, another sports event, vacation, wedding, etc.
- ☆ No travel plans, particularly departures from the Simsbury area, should be made for test days. All departures should be postponed until the next day. This provides sufficient time to complete tests in the event a session runs late.
- ☆ Testers should be ready to test at least 1 hour before their scheduled test time (if the test session runs ahead and you are not present 1 hour before your scheduled time, you may forfeit your test).

***** Questions - please call the Test Chair - Elizabeth Kowal at (860) 651-8299 *****