

Wallace Figure Skating Club, Inc.

P.O. Box 2043, Fitchburg, MA 01420
(978) 345-7054 * www.wallacefsc.com
Wallace Civic Center @ Fitchburg State University, 1000 John Fitch Hwy, Fitchburg, MA

DANCE Test Application

Test Date: February 20, 2012 USFS# _____

Application deadline: February 6, 2012

Required

Name: _____ Tel# _____

As it appears on USFSA card

Address: _____

Town: _____ State: _____ Zip: _____

Last Test Passed/date: _____

Note: A period of 27 days must have passed to retest a previously test marked 'retry'.

Last Retry Test/date: _____

Candidate's Signature: _____

Parent's Signature: _____

Dance Partner's Name: _____

Professional's Signature: _____

Professional's USFS #: _____ PSA#: _____ CER: A or B

Professional's Email: _____ Phone #: _____

Coach's registration and liability insurance must be on file at WFSC

Permission to Test

This is to certify that _____ is a member

name

in good standing of _____

home club

for the period of _____ and has permission to test on the above date.

year

Signature of Club Officer or Test Chairperson

Position

Please circle test(s) to be taken

DANCE Tests and Fees		
	Club Member	Non-Member
Preliminary	20	30
DW	CT	RB
Pre-Bronze	20	30
SD	CC	FIT
Bronze	25	35
HH	WIW	TF
First Dance in level is price indicated above. Additional dances in same level are half price.		
Hospitality Fee		\$10.00
Late Fee*		\$15.00
Total Enclosed \$		_____

Fees

All members who are testing will be asked to assist with hospitality for the judges meals, or pay \$10 hospitality fee.

Non-Members are to include \$10 for hospitality. You will be contacted the week before you test. *Late fees are

applicable to forms and/or fees received less than 14 days prior to test date. Fees are not refundable except in the

case of an accident or illness. Test fees must accompany this application. Make checks payable to Wallace FSC.

This application is not valid unless all information is complete, signed and test fees are attached. Mail to the above address or bring to the Wallace FSC club room.

Contact the Test Chair by email (testchair@wallacefsc.com) 6 days before testing for Schedule or write your e-mail address for the schedule to be e-mailed to you 6 days prior to testing.

Skater's E-mail: _____