



USFS TEST APPLICATION



TEST RINK: SKY RINK AT CHELSEA PIERS

TEST DATE: _____

APPLICATIONS WITH ACCOMPANYING CHECKS MADE PAYABLE TO THE SKATING CLUB OF NEW YORK, MUST BE POSTMARKED 3 WEEKS PRIOR TO TEST DATE OR RECEIVED BY HAND AT SKY RINK BY HAND 14 DAYS PRIOR TO SCHEDULED TEST DATE.

Name: _____ USFSA # _____

Address: _____ City _____ State _____ Zip _____

Telephone: day _____ evening _____ e-mail _____

Home Club _____ (Attach TEST PERMISSION SLIP if other than SCNY. There is a \$40 non-club member fee to test*)

Coach's name: _____ Coach's Signature _____ Skaters Signature: _____

Place a check mark next to each test you plan to take.

MOVES IN THE FIELD TESTS

FREESTYLE TESTS*

PAIRS TEST

ADULT PAIRS TEST

Standard Adult 25+ Adult 50+

(PER CANDIDATE)

(PER CANDIDATE)

Table with 4 columns: Moves in the Field Tests, Freestyle Tests, Pairs Test, and Adult Pairs Test. Rows include levels from Pre-Preliminary to Senior with associated fees.

*Music must be on CD

ADULT MOVES

DANCE TESTS Standard Standard Solo Adult 21+ Adult 21+ Solo Adult 50+ Adult 50+ Solo

Adult 21+ Adult 50+

(SPECIFY WHICH DANCES ARE TO BE TAKEN)

Table with 2 columns: Adult Moves and Dance Tests. Rows include levels from Pre-Bronze to Gold with associated fees.

ADULT FREESTYLE

Free Dance: (PER CANDIDATE)

Table with 2 columns: Adult Freestyle and Free Dance. Rows include levels from Pre-Bronze to Senior with associated fees.

TOTAL TEST FEES \$ _____ MAKE THIS CHECK PAYABLE TO THE SKATING CLUB OF NEW YORK
CHECKS WRITTEN TO SCNY WILL NO LONGER BE ACCEPTED. (INCLUDE NON- CLUB MEMBER OF \$40 IF APPLICABLE).
TOTAL ICE TIME FEE \$ _____ MAKE THIS CHECK PAYABLE TO SKY RINK(NOTE: ICE FEE IS \$35 PER TEST DISCIPLINE)

FIGURE TESTS: Please call Darlene Parent at Sky Rink (212) 336-6100 ext. 6156 if you need to schedule a figure test.
Mail Completed Applications with 2 Checks to: Darlene Parent c/o Sky Rink at Chelsea Piers • Pier 61 • New York, NY 10011