



**Berkley Royal Blades Figure Skating Club**  
TEST APPLICATION 2009-2010

**Test Date:** December 21, 2009  
**App. Due Date:** December 7, 2009

The applicant is responsible for having this application filled out completely and accurately. Please be sure to have all required signatures, fees and USFSA number for this application. If the skater is under 18 years of age, a parent signature is required. All test applications with missing information will be considered invalid, and will be discarded. Full payment must accompany all test applications. A \$35 fee will be levied for all returned checks.

Name \_\_\_\_\_ Last Test Passed and Date \_\_\_\_\_ USFSA# \_\_\_\_\_  
Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone # \_\_\_\_\_ E-Mail Address \_\_\_\_\_ Home Club \_\_\_\_\_

NAME OF PAIRS/DANCE PARTNER \_\_\_\_\_ USFSA# \_\_\_\_\_

Please check if applicable: Dance Completes Series?  Solo?  Adult- 25 & Over?  Master – 50 & Over?

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**CAREFULLY CHECK TEST(S) TO BE TAKEN**

<u>MOVES IN THE FIELD</u>		<u>DANCE</u>		<u>PAIRS (per skater)</u>	
<input type="checkbox"/> Pre-preliminary	\$15	<input type="checkbox"/> Preliminary		<input type="checkbox"/> Preliminary	\$15
<input type="checkbox"/> Preliminary	\$15	<input type="checkbox"/> Dutch Waltz	\$15	<input type="checkbox"/> Juvenile	\$15
<input type="checkbox"/> Pre-Juvenile	\$25	<input type="checkbox"/> Canasta Tango	\$15	<input type="checkbox"/> Intermediate	\$20
<input type="checkbox"/> Juvenile	\$30	<input type="checkbox"/> Rhythm Blues	\$15	<input type="checkbox"/> Novice	\$30
<input type="checkbox"/> Intermediate	\$40	<input type="checkbox"/> Pre Bronze		<input type="checkbox"/> Junior	\$45
<input type="checkbox"/> Novice	\$45	<input type="checkbox"/> Swing Dance	\$15	<input type="checkbox"/> Senior	\$50
<input type="checkbox"/> Junior	\$50	<input type="checkbox"/> Cha-Cha	\$15		
<input type="checkbox"/> Senior	\$55	<input type="checkbox"/> Fiesta Tango	\$15		
		<input type="checkbox"/> Bronze			
		<input type="checkbox"/> Hickory Hoedown	\$15		
		<input type="checkbox"/> Willow Waltz	\$15		
		<input type="checkbox"/> Ten Fox	\$15		
		<input type="checkbox"/> Pre-Silver			
		<input type="checkbox"/> Fourteenstep	\$20		
		<input type="checkbox"/> European Waltz	\$20		
		<input type="checkbox"/> Foxtrot	\$20		
		<input type="checkbox"/> Silver			
		<input type="checkbox"/> American Waltz	\$25		
		<input type="checkbox"/> Harris Tango	\$25		
		<input type="checkbox"/> Rocker Foxtrot	\$25		
		<input type="checkbox"/> Pre-Gold			
		<input type="checkbox"/> Kilian	\$30		
		<input type="checkbox"/> Blues	\$30		
		<input type="checkbox"/> Paso Doble	\$30		
		<input type="checkbox"/> Starlight Waltz	\$30		
		<input type="checkbox"/> Gold			
		<input type="checkbox"/> Viennese Waltz	\$35		
		<input type="checkbox"/> Westminster Waltz	\$35		
		<input type="checkbox"/> Quickstep	\$35		
		<input type="checkbox"/> Argentine Tango	\$35		

  

<u>FREESTYLE</u>	
<input type="checkbox"/> Pre-preliminary	\$15
<input type="checkbox"/> Preliminary	\$15
<input type="checkbox"/> Pre-Juvenile	\$20
<input type="checkbox"/> Juvenile	\$25
<input type="checkbox"/> Intermediate	\$30
<input type="checkbox"/> Novice	\$35
<input type="checkbox"/> Junior	\$45
<input type="checkbox"/> Senior	\$50

  

<u>ADULT MOVES</u>	
<input type="checkbox"/> Pre-Bronze	\$20
<input type="checkbox"/> Bronze	\$25
<input type="checkbox"/> Silver	\$35
<input type="checkbox"/> Gold	\$45

  

<u>ADULT FREESTYLE</u>	
<input type="checkbox"/> Pre-Bronze	\$20
<input type="checkbox"/> Bronze	\$25
<input type="checkbox"/> Silver	\$40
<input type="checkbox"/> Gold	\$55

  

<u>TEST FEES</u>	
Moves in the Field	\$ _____
Freestyle	\$ _____
Dance	\$ _____
Judges Food Fee	\$10.00 _____
<i>(paid by all skaters)</i>	
Out of Club Fee	\$15.00 _____
<i>(paid by all skaters who are NOT NSFSC, FSCB or BRBFSC home club Members)</i>	
Total Test Fees	\$ _____
<i>Please make checks payable to BRBFSC</i>	
Please mail application and test fees to:	
<b>Kate Griswold</b>	
<b>731 Tanglewood Drive</b>	
<b>Madison Heights, MI 48071</b>	
<b>248-583-7133 (Please, no calls after 10 p.m.)</b>	

The USFSA and its member clubs conducting tests undertake no responsibility for damages or injuries suffered by test candidates. As a condition of and in consideration of the acceptance of this test application, the named test candidate/applicant (and their parents and/or guardians if a minor) agree to assume all risks of injury to the candidate/applicant's person and property resulting from, caused by or connected with the conduct and management of the tests, and to release any and all claims which they have against any officials, the USFSA, the club hosting the tests and against their officers.

Signature of Applicant/Parent _____	Signature of Professional _____
Professional's USFSA Number _____	Print Professional's Name _____
Professional's Phone Number _____	Professional's Email Address _____

\*\*THIS IS TO CERTIFY THAT THE APPLICANT FOR THIS TEST IS A MEMBER IN GOOD STANDING OF THE HOME CLUB AS INDICATED, AND IS ELIGIBLE, TO THE BEST OF MY KNOWLEDGE, TO TAKE THE TEST(S) APPLIED FOR:

Signature of Test Chair _____	Test Chair's Phone Number _____	Test Chair's Email Address _____
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Applications are processed on a first-come, first-serve basis, with BRBFSC, NSFSC and FSCB members taking precedence.  
No refunds will be issued unless the test day is cancelled.