

GREAT NECK FIGURE SKATING CLUB

A Member of the United States Figure Skating Association

Test Application

Home Club Members



Test Date Requested _____

Skater's Name: _____ USFS #: _____

Parent's Signature: _____

Street: _____ City: _____ State: ____ Zip: _____

Telephone #: _____ Email: _____

Current Test Level – Moves: _____

Freestyle: _____

Dance: _____

Skating Professional Name: _____

Skating Professional Signature: **X** _____

Professional Phone #: _____ Email: _____

PLEASE CIRCLE THE TEST YOU WISH TO TAKE

Pre-Preliminary	Skills - \$55	Singles - \$45
Preliminary	Skills - \$55	Singles - \$45
Pre-Bronze	Skills - \$55	Singles - \$45
Bronze	Skills - \$65	Singles - \$45
Pre-Silver	Skills - \$65	Singles - \$45
Silver	Skills - \$65	Singles - \$45
Pre-Gold	Skills - \$70	Singles - \$50
Gold	Skills - \$70	Singles - \$50

Must include Ice Fee: \$ 25.00

ZELLE payment to greatneckfsc@gmail.com

or make checks payable to GNFSC.

Send Application and check to:

GNFSC

PO Box 234388

Great Neck, NY 11023

CHECK # _____ in the amount of \$ _____

THIS APPLICATION IS NOT VALID UNLESS TEST FEE IS ATTACHED AND SIGNED WHERE INDICATED

The time of your test will be posted at the rink 5 days prior to the scheduled test date.

Please be at the rink at least **1 hour** before your scheduled test time.

Test fees **WILL NOT** be returned if test applied for is not taken (medical emergencies excluded).