

Thief River Falls Skating Club Member Test Application
Test Date: April 12, 2008 at the Ralph Engelstad Arena
All applications must be postmarked by March 22, 2008

Name(print) _____ USFSA# _____

Address _____

City _____ State _____ Zip _____ Email _____

Phone (____) _____ Home Club _____

Indicate the tests the skater will be testing by filling in the fees.

<u>Dance</u>		<u>Moves</u>	
A partner is necessary for testing dances.		Pre - preliminary	\$20 \$ _____
Partner fee is per dance.		Preliminary	\$20 \$ _____
		Pre-juvenile	\$25 \$ _____
		Juvenile	\$25 \$ _____
Preliminary \$18 each	Dance	Intermediate	\$30 \$ _____
Dutch Waltz	\$ _____	Novice	\$30 \$ _____
Canasta Tango	\$ _____	Junior	\$35 \$ _____
Rhythm Blues	\$ _____	Senior	\$40 \$ _____
Pre Bronze \$20 each		Partner Fee \$10	
Swing Dance	\$ _____		
Cha Cha	\$ _____		
Fiesta Tango	\$ _____		
Bronze \$22 each		Partner Fee \$12	
Hickory Hoedown	\$ _____		
Willow Waltz	\$ _____		
Ten Fox	\$ _____		
Pre Silver \$25 each		Partner Fee \$12	
Fourteen Step	\$ _____		
European Waltz	\$ _____		
Fox Trot	\$ _____		
Silver \$30 each		Partner Fee \$15	
American Waltz	\$ _____		
Silver Tango	\$ _____		
Rocker Foxtrot	\$ _____		
PreGold \$35 each		Partner Fee \$15	
Kilian	\$ _____		
Blues	\$ _____		
Paso Doble	\$ _____		
Starlight Waltz	\$ _____		
		<u>Free Skate</u>	
		Pre-preliminary	\$20 \$ _____
		Preliminary	\$20 \$ _____
		Pre-juvenile	\$25 \$ _____
		Juvenile	\$25 \$ _____
		Intermediate	\$30 \$ _____
		Novice	\$30 \$ _____
		Junior	\$35 \$ _____
		Senior	\$40 \$ _____
		*Practice Ice with Partner	
		\$15 for 15 minutes	\$ _____
		Non-Member Fee	\$ <u>\$25.00</u>
		Judges' Hospitality Fee	\$ <u>5.00</u>
		TOTAL ALLTHREECOLUMNS	\$ _____

***Bruce Montemayor, dance professional from Minot, will be our dance partner. He will be giving private lessons the evening of Friday, April 11th. His fee is \$15 for a 15 minute lesson. It is recommended that you take a private lesson from him if testing in dance. All dances are tested with a partner.**

This application is not valid unless it is fully signed, USFSA number included, and test fees, dance partner fees and dance partner practice ice fees are attached. Please make checks payable to Thief River Falls Skating Club.

You will be notified of your test times and practice ice time by email (please provide your address on form) or mail if you include a self addressed, stamped envelope. PLEASE BE AT THE RINK AT LEAST 45 MINUTES BEFORE YOUR SCHEDULED TEST TIME. If for unforeseen reasons TRF Skating Club cancels the testing, fees will be reimbursed, although Thief River Falls Skating Club will not be liable for other expenses.

If test session fills up, TRFSC skaters will be given first opportunity.

Permission is granted for my son or daughter to participate in this USFSA test session. I understand that all applicants waive all claims for injury and liabilities for damage or loss of property.

Signature of Parent: _____ Date: _____

Signature of Skater: _____ Date: _____

Signature of Coach: _____ Phone# (____) _____

Please send test application and fees to:

**Nancy Sturgeon
19365 140th Ave NE
Thief River Falls, MN 56701
Any questions call 218-681-2101 home or 218-686-6558 cell
or E-mail – sturgeon@mncable.net**