

**TEST APPLICATION - Skating Club of Central Ohio**  
 Mail to: Margaret Stegner, 1035 Venetian Way, Gahanna, OH 43230

<b>Name:</b> _____	<b>Phone:</b> _____	<b>USFSA No.</b> _____
<b>Address:</b> _____	<b>Age/Birth date:</b> _____	
<b>Town/State/ Zip Code:</b> _____	<b>SCOCO member:</b> Home _____ Assoc _____ None _____	
<b>E-mail:</b> _____	<b>Home Club (if not SCOCO):</b> _____	
<b>Partner's name (pairs/dance only):</b> _____		

☆ **Skater's Signature (Parent/Guardian if skater is under 18 years old):** \_\_\_\_\_

☆ **Non-SCOCO Home Club Members** - Permission to test at SCOCO must be received prior to your test session. Please have the area below completed and signed by your Home Club test chair; emailed permissions accepted (submit to mbsteg1@columbus.rr.com):  
 The individual identified above is a member in good standing with (club) \_\_\_\_\_ for the period 20\_\_ to 20\_\_ and has permission to test at Skating Club of Central Ohio.  
 Signed \_\_\_\_\_ Date \_\_\_\_\_

☆ **Signature of Professional:** \_\_\_\_\_  
**Professional's e-mail** \_\_\_\_\_

**Test Date:** **October 24, 2010.**  
**Location:** Easton Chiller

Test Level	Moves (MIF)	Freestyle	Pairs
Pre-Preliminary	<input type="checkbox"/> \$25	<input type="checkbox"/> \$20	
Preliminary	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30	
Pre-Juvenile	<input type="checkbox"/> \$35	<input type="checkbox"/> \$30	
Juvenile	<input type="checkbox"/> \$35	<input type="checkbox"/> \$30	
Intermediate	<input type="checkbox"/> \$40	<input type="checkbox"/> \$40	
Novice	<input type="checkbox"/> \$50	<input type="checkbox"/> \$40	
Junior	<input type="checkbox"/> \$50	<input type="checkbox"/> \$45	
Senior	<input type="checkbox"/> \$50	<input type="checkbox"/> \$45	
Adult Pre-Bronze	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	
Adult Bronze	<input type="checkbox"/> \$25	<input type="checkbox"/> \$25	
Adult Silver	<input type="checkbox"/> \$30	<input type="checkbox"/> \$30	
Adult Gold	<input type="checkbox"/> \$35	<input type="checkbox"/> \$35	

☆ Check all appropriate boxes   
 List all applicable fees below.  
**NOTE: \$20 Guest Fee Non-SCOCO members must pay guest fee per test session (not per test)**  
 No skater will be put on test schedule until payment & application have been received.  
**Please make checks payable to Skating Club of Central Ohio:**  
**Test Fees** \_\_\_\_\_  
**Guest Fee** \_\_\_\_\_  
**Late Fee** \_\_\_\_\_  
**Total enclosed** \_\_\_\_\_

DANCE	<input type="checkbox"/> Standard <input type="checkbox"/> Adult <input type="checkbox"/> Masters <input type="checkbox"/> Solo <input type="checkbox"/> Free Dance				
	FEE /Dance	Select Dance(s) below			
Prelim. (Juv. Free)	\$15	<input type="checkbox"/> DW	<input type="checkbox"/> CT	<input type="checkbox"/> RB	<input type="checkbox"/> Free
Pre-Bronze (Int. Free)	\$15	<input type="checkbox"/> SD	<input type="checkbox"/> CC	<input type="checkbox"/> FIT	<input type="checkbox"/> Free
Bronze (Novice Free)	\$20	<input type="checkbox"/> HH	<input type="checkbox"/> WIW	<input type="checkbox"/> TF	<input type="checkbox"/> Free
Pre-Silver	\$20	<input type="checkbox"/> 14ST	<input type="checkbox"/> EW	<input type="checkbox"/> FT	
Silver (Junior Free)	\$35	<input type="checkbox"/> AW	<input type="checkbox"/> T	<input type="checkbox"/> RF	<input type="checkbox"/> Free
Pre-Gold	\$35	<input type="checkbox"/> K	<input type="checkbox"/> BL	<input type="checkbox"/> PD	<input type="checkbox"/> SW
Gold (Senior Free)	\$50	<input type="checkbox"/> VW	<input type="checkbox"/> WW	<input type="checkbox"/> QS	<input type="checkbox"/> AT <input type="checkbox"/> Free
International	\$50	<input type="checkbox"/> R	<input type="checkbox"/> AUS	<input type="checkbox"/> CON	<input type="checkbox"/> YP <input type="checkbox"/> RW
		<input type="checkbox"/> TR	<input type="checkbox"/> SAM	<input type="checkbox"/> GW	<input type="checkbox"/> MB

**SCOCO OFFICE USE ONLY**

**Fees**

Moves \_\_\_\_\_ Freestyle \_\_\_\_\_

Dance \_\_\_\_\_

Late Fee \_\_\_\_\_ Guest \_\_\_\_\_

Other \_\_\_\_\_

Total \_\_\_\_\_

Date Rec'd \_\_\_\_\_ Check No. \_\_\_\_\_

**APPLICATION POSTMARK DEADLINE IS **October 8, 2010**** Applications received after the deadline date will be subject, if accepted, to a **\$10** late fee. Questions? Contact the test chair (Margaret Stegner) by email [mbsteg1@columbus.rr.com](mailto:mbsteg1@columbus.rr.com) or phone 614/855-0187. Late applications will only be accepted at the discretion of the Test Chair. Test applications will be accepted in the following order: home club members, associate members, non-members, in the order that they are received, with the possible exception of high tests. No refund or credit of test fees is given if the test is cancelled by the applicant after the deadline date, including for contingent tests. (SCOCO discourages the scheduling of contingent tests). SCOCO reserves the right to limit the number of tests due to time constraints. Note: Pre-preliminary and preliminary MIF and freestyle tests may be judged by a single judge during a regular ice session and scheduled at any time by contacting the test chair.