

TEST APPLICATION - Skating Club of Central Ohio
 Mail to: Elaine Tsai, 5522 Shannon Heights Blvd, Dublin, OH 43016-4185

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

★ 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 ETskater1@gmail.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 _____

Club Officer's e-mail _____

★ **Signature of Professional:** _____ **Test Date: March 17, 2019**
Professional's e-mail _____ **Location: Chiller Easton**

Test Level	Moves (MIF)	Freestyle
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					SCOCO OFFICE USE ONLY	
	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		Fees
Pre-Bronze (Int. Free)	\$15	<input type="checkbox"/> SD	<input type="checkbox"/> CC	<input type="checkbox"/> FIT	<input type="checkbox"/> Free		Moves _____ Freestyle _____
Bronze (Novice Free)	\$20	<input type="checkbox"/> HH	<input type="checkbox"/> WIW	<input type="checkbox"/> TF	<input type="checkbox"/> Free		Dance _____
Pre-Silver	\$20	<input type="checkbox"/> 14ST	<input type="checkbox"/> EW	<input type="checkbox"/> FT			Late Fee _____ Guest _____
Silver (Junior Free)	\$35	<input type="checkbox"/> AW	<input type="checkbox"/> T	<input type="checkbox"/> RF	<input type="checkbox"/> Free		Other _____
Pre-Gold	\$35	<input type="checkbox"/> K	<input type="checkbox"/> BL	<input type="checkbox"/> PD	<input type="checkbox"/> SW		Total _____
Gold (Senior Free)	\$50	<input type="checkbox"/> VW	<input type="checkbox"/> WW	<input type="checkbox"/> QS	<input type="checkbox"/> AT	<input type="checkbox"/> Free	Date Rec'd _____ Check No. _____
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		

* Please contact your coach regarding dance partner availability

APPLICATION POSTMARK DEADLINE IS **Mar 4, 2019** Applications received after the deadline date will be subject, if accepted, to a \$10 late fee. Questions? Contact the test chair (Elaine Tsai) by email ETskater1@gmail.com. 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.