



**ESSEX
SKATING
CLUB OF N.J., INC.**
Member United States Figure Skating Association

ESSEX SKATING CLUB OF NEW JERSEY TEST APPLICATION

Test Date Requested _____

Name of Skater _____ USFSA # _____

Address _____

Phone # _____ Cell # _____ email _____

Home Club _____ (attach Letter of Permission if other than ESC of NJ)

Coach's Name (please print) _____ PSA # _____

Coach's Signature _____

Check tests to be taken. There is no contingency testing

Moves in the Field

___ Pre Preliminary	\$25
___ Preliminary	\$25
___ Pre-Juvenile	\$30
___ Juvenile	\$35
___ Intermediate	\$40
___ Novice	\$45
___ Junior	\$50
___ Senior	\$60

Adult Moves in the Field

___ Pre-Bronze	\$25
___ Bronze	\$35
___ Silver	\$40
___ Gold	\$50

Free Dance (per candidate)

___ Juvenile	\$35
___ Intermediate	\$40
___ Novice	\$45
___ Junior	\$50
___ Senior	\$60

Free Skate

___ Pre-Preliminary	\$25
___ Preliminary	\$25
___ Pre-Juvenile	\$30
___ Juvenile	\$35
___ Intermediate	\$40
___ Novice	\$45
___ Junior	\$50
___ Senior	\$60

Adult Free Skate

___ Pre Bronze	\$25
___ Bronze	\$35
___ Silver	\$40
___ Gold	\$50

DANCE TESTS

Please indicate level: Standard Adult Masters Solo

Partner's Name _____

Preliminary	\$25 each	DW	CT	RB	
Pre-Bronze	\$25 each	SD	CC	Fiesta	
Bronze	\$30 each	Tenfox	WW	HH	
Pre-Silver	\$35 each	14S	Foxtrot	EW	
Silver	\$40 each	AW	Tango	RF	
Pre-Gold	\$45 each	PD	Kilian	SW	Blues
Gold	\$50 each	AT	QS	WW	Viennese
International	\$60 each	name of dance _____			

Pairs

___ Pre-Juvenile	\$25
___ Juvenile	\$35
___ Intermediate	\$40
___ Novice	\$45
___ Junior	\$50
___ Senior	\$60

FEES

Test Fee:	_____
Administrative Fee	<u>\$ 8.00</u>
Guest Fee (\$30.00)	_____
Late Fee (\$20.00)	_____
ESC member non-ice buying fee (\$15.00)*	_____
TOTAL TESTS FEES	_____

Please note: Rostered members of the Essex Blades, Theater on Ice, and the Synchroettes, waive the \$15.00 non-buying ice fee. Please indicate team level: _____

Test Policies

1. Test fees are NOT refundable, unless a doctor’s note is presented at time of cancellation/withdrawal.
2. Skaters/Coaches who withdraw or cancel after the test schedule is posted MUST submit a new application with appropriate fees for the next test date.
3. Applications must be completely filled out and meet the postmark deadline. Applications received after the deadline will be placed on a waiting list and will require a late fee. Applicants will be notified of test eligibility if time allows. Fax, metered, priority or mail requiring signatures will not be accepted. Checks should be made payable to “Essex Skating Club of NJ” and mailed to:

**Ms. Nancy Noonan
142 Mohawk Drive
Cranford, NJ 07016**

4. If a test cannot be scheduled by the test committee for whatever reason(s), it will be forwarded to the next test session.
5. Test schedule will be posted approximately one week before the test date at the arena bulletin board and on the club website: www.essexskatingclub.org

WAIVER: I have read and understand the Test Procedures. In submitting this form, I do hereby for myself, my heirs, executors and administrators waive, release, and forever discharge any and all rights and claims for or to be, for which I may have or which may thereafter accrue to me against United States Figure Skating, the Essex Skating Club of NJ, and/or any other person connected with individually or collectively, from all responsibilities for any injury to person or property.

Applicant’s signature _____ Date _____

Parent/Guardian signature _____ Date _____

