

**Black River Falls Figure Skating Club Test Application
Test Session October 10th, 2021**

****TEST FORM MUST BE EMAILED BY OCTOBER 1, 2021**
email: brffsc@gmail.com**

****EMAIL TIMESTAMP WILL BE USED TO DETERMINE WAITING LIST, IF NECESSARY****

Hard copy test form and payment postmarked by October 1st, 2021

Coaches signatures are required

Skater Name:	
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**You must complete
both pages**

Circle Test(s) Desired		
Moves In The Field	Level	Freestyle
\$30.00	Pre-Preliminary	\$30.00
\$35.00	Preliminary	\$35.00
\$40.00	Pre-Juvenile	\$40.00
\$45.00	Juvenile	\$45.00
\$50.00	Intermediate	\$50.00
\$55.00	Novice	\$55.00
\$60.00	Junior	\$60.00
\$65.00	Senior	\$65.00

	Test	Partner	Total	Select
Preliminary				
Dutch Waltz	\$30.00	\$15.00	\$45.00	
Canasta Tango	\$30.00	\$15.00	\$45.00	
Rhythm Blues	\$30.00	\$15.00	\$45.00	
Pre-Bronze				
Fiesta Tango	\$35.00	\$20.00	\$55.00	
Cha-Cha	\$35.00	\$20.00	\$55.00	
Swing	\$35.00	\$20.00	\$55.00	
Bronze				
Willow Waltz	\$40.00	\$25.00	\$65.00	
Ten Fox	\$40.00	\$25.00	\$65.00	
Hickory	\$40.00	\$25.00	\$65.00	
Pre-Silver				
14 Step	\$45.00	\$30.00	\$75.00	
European Waltz	\$45.00	\$30.00	\$75.00	
Foxtrot	\$45.00	\$30.00	\$75.00	
Silver				
American Waltz	\$50.00	\$35.00	\$85.00	
Tango	\$50.00	\$35.00	\$85.00	
Rocker Foxtrot	\$50.00	\$35.00	\$85.00	
Pre-Gold				
Killian	\$55.00	\$40.00	\$95.00	
Blues	\$55.00	\$40.00	\$95.00	
Paso Doble	\$55.00	\$40.00	\$95.00	
Starlight Waltz	\$55.00	\$40.00	\$95.00	
Gold				
Viennese Waltz	\$60.00	\$50.00	\$110.00	
Westminster Waltz	\$60.00	\$50.00	\$110.00	
Quickstep	\$60.00	\$50.00	\$110.00	
Argentine Tango	\$60.00	\$50.00	\$110.00	
International List Dance:				
	\$65.00	\$60.00	\$125.00	

All dance music for testing will be provided by the host club

Total Test Fees (Dance, MIF, FS)	
Judges Fee	\$40.00
Total Fees Due	

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REQUIRED INFORMATION:

Skater Name:		Skater Home Club:	
Skater USFSA #:		Home Test Chair:	
Parents Name:		Home Club Contact email:	
Parent Phone #:		Parent Email:	
Moves Coach Name/USFSA #/Email:		Moves Coach Signature:	
Freestyle Coach Name/USFSA#/email:		Freestyle Coach Signature:	
Dance Coach Name/USFSA #:		Dance Coach Signature:	

By signing below, I confirm the above information is correct and accurate

Parent Signature		Skater Signature:	
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Please make check payable to BRFFSC and Mail to: BRFFSC Test Chair, PO Box 853, Black River Falls, WI 54615

*******PLEASE RETURN THIS FORM WITH THE PERMISSION TO TEST FORM*******

Test Fees are NON-REFUNDABLE without a written Doctor's excuse.