



Test Application

Only complete applications with full payment will be accepted.

THERE ARE NO REFUNDS OR CREDITS.

Test Date: _____ (Application MUST be received by 3 weeks prior to test date to be considered for a test)

Name: _____ USFS # _____ Home Club _____

Phone Number: _____ Email: _____

Coach Signature (required) _____

Club Officer Signature (required) _____

Please check all tests desired and circle payment type: ASC for home club, NHC for non-home club members									
FREESTYLE			MOVES IN THE FIELD			DANCE			
	ASC	NHC		ASC	NHC		ASC	NHC	
<input type="checkbox"/> Pre-Preliminary	\$21	\$31	<input type="checkbox"/> Pre-Preliminary	\$23	\$33	<input type="checkbox"/> Dutch Waltz	\$15	\$25	
<input type="checkbox"/> Preliminary	\$24	\$34	<input type="checkbox"/> Preliminary	\$26	\$36	<input type="checkbox"/> Canasta Tango	\$15	\$25	
<input type="checkbox"/> Pre-Juvenile	\$27	\$37	<input type="checkbox"/> Pre-Juvenile	\$29	\$39	<input type="checkbox"/> Rhythm Blues	\$15	\$25	
<input type="checkbox"/> Juvenile	\$30	\$40	<input type="checkbox"/> Juvenile	\$32	\$42	Pre-Bronze			
<input type="checkbox"/> Intermediate	\$33	\$43	<input type="checkbox"/> Intermediate	\$35	\$45	<input type="checkbox"/> Swing Dance	\$18	\$28	
<input type="checkbox"/> Novice	\$36	\$46	<input type="checkbox"/> Novice	\$38	\$48	<input type="checkbox"/> Cha-Cha	\$18	\$28	
<input type="checkbox"/> Junior	\$39	\$49	<input type="checkbox"/> Junior	\$41	\$51	<input type="checkbox"/> Fiesta Tango	\$18	\$28	
<input type="checkbox"/> Senior	\$42	\$52	<input type="checkbox"/> Senior	\$44	\$54	Bronze			
						<input type="checkbox"/> Hickory Hoedown	\$21	\$31	
						<input type="checkbox"/> Ten Fox	\$21	\$31	
ADULT FREESTYLE			ADULT MOVES			<input type="checkbox"/> Willow Waltz	\$21	\$31	
	ASC	NHC		ASC	NHC	Pre-Silver			
<input type="checkbox"/> Pre-Bronze	\$27	\$37	<input type="checkbox"/> Pre-Bronze	\$27	\$37	<input type="checkbox"/> European	\$24	\$34	
<input type="checkbox"/> Bronze	\$31	\$41	<input type="checkbox"/> Bronze	\$31	\$41	<input type="checkbox"/> Fox Trot	\$24	\$34	
<input type="checkbox"/> Silver	\$35	\$45	<input type="checkbox"/> Silver	\$35	\$45	<input type="checkbox"/> 14 Step	\$24	\$34	
<input type="checkbox"/> Gold	\$39	\$49	<input type="checkbox"/> Gold	\$39	\$49	Silver			
						<input type="checkbox"/> American Waltz	\$27	\$37	
						<input type="checkbox"/> Rocker Fox Trot	\$27	\$37	
						<input type="checkbox"/> Tango	\$27	\$37	
INTERNATIONAL DANCE			CANADIAN TESTS			Pre-Gold			
	ASC	NHC				<input type="checkbox"/> Blues	\$30	\$40	
<input type="checkbox"/> Rhumba	\$40	\$50	Prior arrangement with Director			<input type="checkbox"/> Killian	\$30	\$40	
<input type="checkbox"/> Australian Waltz	\$40	\$50	Required. All Canadian fees paid in			<input type="checkbox"/> Paso Doble	\$30	\$40	
<input type="checkbox"/> Cha Cha	\$40	\$50	Canadian funds. ASC Canadian Test			<input type="checkbox"/> Starlight Waltz	\$30	\$40	
<input type="checkbox"/> Midnight Blues	\$40	\$50	surcharge of \$25.00 (US funds)			Gold			
<input type="checkbox"/> Yankee Polka	\$40	\$50	paid to the ASC applies.			<input type="checkbox"/> Argentine Tango	\$33	\$43	
<input type="checkbox"/> Ravensburger Waltz	\$40	\$50				<input type="checkbox"/> Quick Step	\$33	\$43	
<input type="checkbox"/> Tango Romantica	\$40	\$50	Please indicate the Canadian test			<input type="checkbox"/> Viennese Waltz	\$33	\$43	
<input type="checkbox"/> Silver Samba	\$40	\$50	requested.			<input type="checkbox"/> Westminster Waltz	\$33	\$43	
<input type="checkbox"/> Golden Waltz	\$40	\$50							

Total Test Fees: \$ _____

Registration Fee \$ 10.00

+ Any Additional Fees \$ _____

Total FEE \$ _____

Please make checks payable to Amherst Skating Club

There is a \$25.00 fee for returned checks

Application and payment to: Amherst Skating Club, Attn: Test Chair, 1615 Amherst Manor Dr., Williamsville NY 14221

Test schedule will be posted on the website 48 hours before the test session.

Late applications may be accepted at the discretion of the Test Chair and will be subject to a \$20 late fee.

Amherst Skating Club reserves the right to accept or decline any non-home club application due to scheduling restrictions.

For office use only: Date of Receipt: _____ / _____ / _____

Payment: Check _____ Cash CC

Invoice # _____

Form updated: 1/1/2018

Rc'vd by: _____

Money Rcv'd: \$ _____

Amount Billed: \$ _____