

## 2017 LOUISVILLE SKATING ACADEMY TEST APPLICATION

Name \_\_\_\_\_ USFS # \_\_\_\_\_  
 Home Club \_\_\_\_\_ Phone # \_\_\_\_\_  
 Skater's e-mail \_\_\_\_\_ Coach's e-mail \_\_\_\_\_  
 Coach's Approval \_\_\_\_\_ Coach's USFS# \_\_\_\_\_

**Please indicate below the test date as well as the tests to be taken:**

<b>Test date</b>	<b>Deadline (receipt)</b>	<b>Test date</b>	<b>Deadline (receipt)</b>
February 17	_____ February 7	June 27	_____ June 17
March 2/3	_____ February 20	August 19	_____ August 9
		November 3	_____ October 24

**Moves in the Field:**

Pre-Preliminary	_____	\$37
Preliminary	_____	\$42
Pre-Juvenile	_____	\$47
Juvenile	_____	\$52
Intermediate	_____	\$57
Novice	_____	\$62
Junior	_____	\$67
Senior	_____	\$77
Adult Pre-Bronze	_____	\$42
Adult Bronze	_____	\$47
Adult Silver	_____	\$52
Adult Gold	_____	\$62

**Pairs:**

Pre-Juvenile	_____	\$32
Juvenile	_____	\$37
Intermediate	_____	\$42
Novice	_____	\$47
Junior	_____	\$52
Senior	_____	\$57
Adult Bronze	_____	\$27
Adult Silver	_____	\$42
Adult Gold	_____	\$52
Partner Name:	_____	
Partner USFS #:	_____	

**Freestyle:**

Pre-Preliminary	_____	\$37
Preliminary	_____	\$42
Pre-Juvenile	_____	\$47
Juvenile	_____	\$52
Intermediate	_____	\$57
Novice	_____	\$62
Junior	_____	\$67
Senior	_____	\$72

Adult Pre-Bronze	_____	\$37
Adult Bronze	_____	\$42
Adult Silver	_____	\$52
Adult Gold	_____	\$62

**Dance:**

*Note: Fee is per test*

Preliminary:	_____	\$22
Pre-Bronze:	_____	\$27
Bronze:	_____	\$32
Pre-Silver:	_____	\$37
Silver:	_____	\$42
Pre-Gold:	_____	\$47
Gold:	_____	\$47
International:	_____	\$62

**Partner:** \_\_\_\_\_

**Please check, if applicable:**

Solo \_\_\_\_\_  
 Adult \_\_\_\_\_  
 Masters \_\_\_\_\_

**Free Dance:** *Note: Fee is per tester*

Juvenile	_____	\$37
Intermediate	_____	\$42
Novice	_____	\$47
Junior	_____	\$52
Senior	_____	\$57
Adult Pre-Bronze	_____	\$37
Adult Bronze	_____	\$42
Adult Silver	_____	\$52
Adult Gold	_____	\$57

<b>Total Test Fees:</b>	\$ _____
<b>Out of Club Fees (\$30)</b>	\$ _____
<b>Late fee (\$25)</b>	\$ _____
<b>Hospitality Fee (all skaters)</b>	\$ 10.00
<b>TOTAL:</b>	\$ _____

**Questions? Contact LSA Test Chair**  
[battje@twc.com](mailto:battje@twc.com), 502-459-5022 or 502-314-2913 Slots are filled on a first-come basis for Home club members. Associate, then non-members will be accommodated, as space allows. **NO REFUNDS!** (credit will only be given in extreme cases and must be approved by the test chair). Non members must submit an authorization to test letter from their home club. LSA reserves the right to levy additional fees to testers to cover expenses.

**Please MAIL completed forms and fees (payable to Louisville Skating Academy) to:  
 Jennifer Battat, 3635 Stanton Blvd, Louisville, KY 40220B**