

Schedule of Fees

Moves in the Field	Amount	Freeskate	Amount
<i>Pre-Preliminary</i>	\$45.00	<i>Pre-Preliminary</i>	\$30.00
<i>Preliminary</i>	\$55.00	<i>Preliminary</i>	\$35.00
<i>Pre-Juvenile</i>	\$55.00	<i>Pre-Juvenile</i>	\$40.00
<i>Juvenile</i>	\$60.00	<i>Juvenile</i>	\$45.00
<i>Intermediate</i>	\$75.00	<i>Intermediate</i>	\$50.00
<i>Novice</i>	\$75.00	<i>Novice</i>	\$55.00
<i>Junior</i>	\$75.00	<i>Junior</i>	\$55.00
<i>Senior</i>	\$75.00	<i>Senior</i>	\$55.00
Adult Moves in the Field	Amount	Freeskate	Amount
<i>Pre-Bronze</i>	\$40.00	<i>Pre-Bronze</i>	\$30.00
<i>Bronze</i>	\$45.00	<i>Bronze</i>	\$35.00
<i>Silver</i>	\$70.00	<i>Silver</i>	\$40.00
<i>Gold</i>	\$70.00	<i>Gold</i>	\$50.00

TEST FEES INCLUDE USFSA, HOSPITALITY AND JUDGE'S EXPENSES.

TEST FEES ENCLOSED	\$ _____
NON- AFFILIATED CLUB FEE* (if applicable)	\$ <u>25.00*</u>
LATE FEE* (if applicable)	\$ <u>15.00*</u>
TOTAL	\$ _____

Name of Test Chair and address where Test Forms are to be sent:
 (For Associate or Non-Affiliated Club Applicants)

If you wish for successful results to be reported to your school, please provide the following information:

Name of School: _____ **Grade:** _____

Name of Principal: _____

School Address: _____

TCFSC Test Chair Use Only	
Date Rec'd _____	USFSA No. _____
Check No. _____	Membership _____
Cash _____	27 Day Rule _____