



Pawtucket and Providence Figure Skating Club

The Pawtucket and Providence Figure Skating Club will hold a **Gold Panel** test session on Saturday, November 2, 2019.

These session will be held at the Canton Ice House in Canton, MA. The actual test schedule will be dependent on skater response. If your preference cannot be accommodated, your application and check will be returned to you.

In addition to following the test rules stated below, please email the test chair as soon as possible indicating your intent to participate in this test session. Email: ichliwner@yahoo.com.

Test Rules

Please note that space is limited and that applications will be accepted on a first come, first served basis.

1. This entire application **MUST** be completed or it will not be considered and will automatically be returned to you. Both pages must be returned.
2. The completed application and test fees must be **POSTMARKED** by October 18, 2019. No applications will be accepted without test fees.
3. If test session is full, the application and check will be returned to you.
4. **NO** refunds will be granted for withdrawal from a test session. However, *a refund will be granted with a verified doctor's statement*. No fees will be refunded for contingency tests, if you are not eligible to take an additional test.
5. If a dance or pair partner withdraws from a test session, a refund will be granted with a doctor's statement, which can be verified.
6. If you send the application to your club test chair for permission signature and subsequent forwarding to the sponsoring club, please enclose a stamped envelope with your application and check.
7. Non-NBICC club members must provide a letter stating they are in good standing with their home club with this application.
8. If you are testing a dance with a same sex partner, this partner **MUST** be your coach.
9. Skaters **NOT** in good standing with ANY member club of the NBICC (Warwick Figure Skaters, Smithfield Figure Skating Club or Pawtucket and Providence Figure Skating Club) will not be eligible to test until all financial obligations have been met.

For more information, please contact:

Irene Chliwner, PPFSC Test Chair

Phone: 401-781-2045

Email: ichliwner@yahoo.com

PPFSC Test Application
Saturday, November 2, 2019

Name _____ USFS# _____
 Street _____
 City, State, ZIP _____
 Phone _____ Email _____
 Home Club _____
 Coach's Name _____ Coach's Email _____
 Date of last test _____ Level of last MIF test _____
 Dance Pair / Partner Name _____
 Test Type: ___ Standard ___ Adult ___ Masters ___ Solo (applies to Solo Dance Structure)

✓	MITF	Fee
	Pre-Preliminary	\$30
	Preliminary	\$30
	Pre-Juvenile	\$40
	Juvenile	\$40
	Intermediate	\$45
	Novice	\$50
	Junior	\$50
	Senior	\$50

✓	Free Skating	Fee
	Pre-Preliminary	\$30
	Preliminary	\$30
	Pre-Juvenile	\$35
	Juvenile	\$35
	Intermediate	\$40
	Novice	\$40
	Junior	\$50
	Senior	\$50

✓	Free Dance	Fee
	Juvenile	\$30
	Intermediate	\$35
	Novice	\$40
	Junior	\$45
	Senior	\$50

✓	Dance	1 st Fee	Add'l. Dance	Dance(s) to be Taken
	Preliminary	\$30	\$20	
	Pre-Bronze	\$30	\$20	
	Bronze	\$30	\$20	
	Pre-Silver	\$35	\$25	
	Silver	\$40	\$30	
	Pre-Gold	\$45	\$35	
	Gold	\$50	\$40	
	International	\$00	\$45	

✓	Adult MITF	Fee
	Pre-Preliminary	\$30
	Preliminary	\$35
	Pre-Juvenile	\$40
	Juvenile	\$50

✓	Adult Free	Fee
	Pre-Preliminary	\$30
	Preliminary	\$35
	Pre-Juvenile	\$40
	Juvenile	\$50

Fees:

1. _____ Total test fees (from page 1)
2. _____ NBICC Non-member fee: \$20 (members of Pawtucket and Providence FSC, Warwick FS, or Smithfield FSC do not pay fee)
3. \$5.00 Hospitality Fee for all testers
4. _____ \$10.00 Late fee for applications not postmarked two weeks prior to the test date
5. _____ Total Enclosed (Total of Items 1-4)

Please make your check payable to PPFSC. Returned checks are subject to a \$25 bank fee. In addition, a candidate is not allowed to test at any NBICC test sessions until the issue is resolved. Tests will not be submitted until this has been resolved.

- a. By signing this application the skater / parent (if skater is under 18) states this application is completed and correct and agrees with the NBICC test rules.

Skater / parent signature _____

- b. By signing this application the coach states this candidate has demonstrated the requisites of this test. The coach also affirms that he / she is a registered coach with U.S. Figure Skating and will produce documentation if requested.

Coach signature _____

Phone number _____

Email _____

- c. By signing this application the home club test chair states this candidate is in good standing with his / her home club.

Home club test chair signature _____ Date _____

Please send your completed application to:
Irene Chliwner
317 Beckwith Street
Cranston, RI 02910