

# Skokie Valley Skating Club Dance Test Application

**Test Date Requested** \_\_\_\_\_  
Must be postmarked 15 days prior to test date

**Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City/State/Zip** \_\_\_\_\_  
**Phone #** \_\_\_\_\_  
**E-Mail (print clearly, please)** \_\_\_\_\_

**USFS #** \_\_\_\_\_  
**Check One**  
SVSC Home Club Member \_\_\_\_\_  
Individual USFS Member \_\_\_\_\_  
\_\_\_\_\_ list home club/attach letter of permission

**Signature** \_\_\_\_\_  
**Coach Name** \_\_\_\_\_  
**Coach Signature** \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_  
**Coach Phone #** \_\_\_\_\_  
**Coach E-Mail** \_\_\_\_\_

<p><b>TEST LEVEL</b> (List Partners Name) _____</p> <p><b>Preliminary \$15 per Dance</b> Dutch Waltz, Canasta Tango, Rhythm Blues</p> <p><b>Pre-Bronze/Bronze \$20 per Dance</b> Swing Dance, Cha-Cha, Fiesta Tango/ Hickory Hoedown, Willow Waltz, Ten-Fox</p> <p><b>Pre-Silver/Silver/Pre-Gold \$30 per Dance</b> 14Step, European Waltz, Foxtrot/ American Waltz, Tango, Rocker Foxtrot/ Killian, Blues, Paso Doble, Starlight Waltz</p> <p><b>Gold \$40 per Dance</b> Viennese Waltz, Westminster Waltz, Quickstep, Argentine Tango</p> <p><b>International/or Free Dance \$50 per Dance</b></p>	<p><b>TESTS TO BE TAKEN:</b> Indicate Type of Test: _____ Standard, Solo, Adult, Master</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p>_____ \$ _____</p> <p><b>DuPage Out Of Club Fee \$20</b> \$ _____</p> <p><b>TOTAL DUE</b> \$ _____</p> <p><b>Make Check Payable to:</b> Skokie Valley Skating Club</p>
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**Mail Application and Check to:** Mr. Paul Scheuer, 1789 Dogwood Court, Hoffman Estates, IL 60192  
847/571-2676 [paulscheuer@sbcglobal.net](mailto:paulscheuer@sbcglobal.net)

Fill out this form completely. PRINT neatly and legibly. Incomplete forms will not be accepted  
All applications must be approved and signed by the Coach.  
If candidate is under 18, form must be signed by parent or guardian.

Test fees include all costs: ice, judges, hospitality, and USFS fees.  
Completed application, permission letter, and payment must be submitted 15 days prior to test date.  
Cancellations after 7 days prior to test will forfeit test fees.

<b>For Office Use Only:</b>	
Postmark _____	Membership Verified _____
Check # _____	Qualifying Tests Checked _____
Check Amount _____	Letter of Permission Received _____