

# Southern N.H. Skating Club

P.O. Box 4478, Manchester, New Hampshire 03108  
 Visit us on-line [www.snhsc.com](http://www.snhsc.com) / Voice Mail 603.485.6144

## 2016 USFS Solo Dance Test Application

Friday, February 3, 2017 9:00-1:00pm  
 Saint Anselm College, Sullivan Arena Manchester, NH

Skater's name \_\_\_\_\_ USFSA #: \_\_\_\_\_

Address: \_\_\_\_\_ Email address \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Club \_\_\_\_\_

Test fees must accompany application and be received by deadline date of **Monday, 1/30/17**. Please make check payable to Southern NH Skating Club. There is an additional hospitality fee of \$10.00 for all applicants. Applications received after the deadline will be charged a \$10.00 processing fee.

Circle tests to be taken:

<u>Dance</u>	Member fee	Non-member fee		Member fee	Non-member fee
<i>Preliminary</i>			<i>Pre-Bronze</i>		
Dutch Waltz	\$20.00/\$10.00	\$30.00/\$20.00	Swing Dance	\$20.00/\$10.00	\$30.00/\$20.00
Canasta Tango	\$20.00/\$10.00	\$30.00/\$20.00	Cha Cha	\$20.00/\$10.00	\$30.00/\$20.00
Rhythm Blues	\$20.00/\$10.00	\$30.00/\$20.00	Fiesta Tango	\$20.00/\$10.00	\$30.00/\$20.00

\*First listed fee = cost of first dance test. Every additional dance test = second listed fee.

	Member fee	Non-member fee		Member fee	Non-member fee
<i>Bronze</i>			<i>Pre-Silver</i>		
Hickory Hoedown	\$20.00/\$10.00	\$30.00/\$20.00	Fourteenstep	\$20.00/\$10.00	\$30.00/\$20.00
Willow Waltz	\$20.00/\$10.00	\$30.00/\$20.00	European Waltz	\$20.00/\$10.00	\$30.00/\$20.00
Ten Fox	\$20.00/\$10.00	\$30.00/\$20.00	Foxtrot	\$20.00/\$10.00	\$30.00/\$20.00

	Member fee	Non-member fee
<i>Silver</i>		
American Waltz	\$20.00/\$10.00	\$30.00/\$20.00
Tango	\$20.00/\$10.00	\$30.00/\$20.00
Rocker Foxtrot	\$20.00/\$10.00	\$30.00/\$20.00

\*First listed fee = cost of first dance test. Every additional dance test = second listed fee. Pre-Gold and Gold **Solo** dance tests are possible. Please contact test chair at [snhsc@yahoo.com](mailto:snhsc@yahoo.com) with inquiries.

This is to certify that \_\_\_\_\_ is a member in good standing with the

\_\_\_\_\_ and has permission to test.

Permission to Test \_\_\_\_\_

(signature of club test chair or club officer)

Parent/Guardian Signature \_\_\_\_\_

Professional's Signature \_\_\_\_\_

Total Fees: \_\_\_\_\_

Hospitality Fee: **\$10.00**

Total enclosed: \_\_\_\_\_

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Please send application and fees to: SNHSC, ATTN: Test Chairperson, PO Box 4478, Manchester, NH 03108