

Narragansett Bay Inter-Club Council
Test Application
Valid from July 1, 2011 - June 30, 2012

Test Date/Location: _____ USFSA #: _____

Name: _____ Phone #: _____

Address: _____

E-Mail: _____

Home Club: _____

Date of Last Test: _____ Level of Last MIF Test: _____

Dance/Pairs Partners Name: _____

Test Type:

Standard: _____ Adult: _____ Masters: _____ Solo: _____ (applies to Solo Dance Structure)

Free Skating	Fee	√	MITF	Fee	√	Pairs Free Skating	Fee per Skater	√
Pre-Preliminary	\$26		Pre-Preliminary	\$26		Preliminary	\$26	
Preliminary	\$28		Preliminary	\$30		Juvenile	\$31	
Pre-Juvenile	\$31		Pre-Juvenile	\$36		Intermediate	\$36	
Juvenile	\$33		Juvenile	\$41		Novice	\$41	
Intermediate	\$36		Intermediate	\$46		Junior	\$46	
Novice	\$44		Intermediate Supplemental	\$46		Senior	\$51	
Junior	\$46		Novice	\$51				
Senior	\$51		Junior	\$51				
			Senior	\$61				
			Senior Supplemental	\$61				

Dance	1 st Fee	Add'l Dance	Dances to be Taken	Adult Free	Fee	√	Adult Pairs	Fee per Skater	√
Preliminary	\$26	\$14		Pre-Bronze	\$26		Bronze	\$31	
Pre-Bronze	\$34	\$17		Bronze	\$31		Silver	\$36	
Bronze	\$36	\$22		Silver	\$36		Gold	\$41	
Pre-Silver	\$40	\$26		Gold	\$41				
Silver	\$43	\$31							
Pre-Gold	\$46	\$36		Adult MITF	Fee	√			
Gold	\$56	\$41		Pre-Bronze	\$31				
International	\$71	\$56		Bronze	\$36				
				Silver	\$41				
				Gold	\$46				
Free Dance	Fee per Skater	√							
Juvenile	\$31								
Intermediate	\$36								
Novice	\$41								
Junior	\$46								
Senior	\$51								

Fees:

1. _____ Total Test Fees:
2. _____ NBICC Non-member Fee: (\$20) (members of Pawtucket & Providence FSC, Warwick FS, or Smithfield FSC do **not** pay fee)
3. _____ Hospitality Fee: (\$5) **for all testers**
- _____ Total Enclosed (Total of Items 1-3)

Make check payable to NBICC

Returned checks are subject to a \$20 bank fee, plus a candidate is not allowed to test at any NBICC test session, until the issue is resolved. Tests will not be submitted until this has been resolved.

NBICC Test Rules:

1. The entire current 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** no later than 2 weeks prior to the test date. Junior, Senior, Gold and International Tests – 4 weeks prior. No applications will be accepted without test fees.
 3. If test session is full, application and check will be returned to you, to be submitted at a later date.
 4. **NO** refunds will be granted for withdrawal from a test session and no application will be carried over to the next test session. *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. Test Chair reserves the right to cancel any test session for insufficient participation.
 7. 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.
 8. Non-NBICC club members must provide a letter stating they are in good standing with their home club with this application.
 9. If you are testing a dance with a same sex partner, this partner **MUST** be your coach.
 10. 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.
- 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: _____

- 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 US Figure Skating and will produce documentation if requested.

Coach Signature: _____ Phone Number: _____

E-Mail: _____

- By signing this application the home club test chair states this candidate is in good standing with their home club. **Non-NBICC members must also comply with #8 above.**

Home Club Test Chair Signature: _____ Date: _____

Please submit completed application to the **HOSTING CLUB** Test Chair:

Pawtucket and Providence FSC

MITF/Free Skating/Dance

Irene Chliwner
317 Beckwith Street.
Cranston, RI 02910
(401) 781-2045
ichliwner@yahoo.com

Smithfield FSC

MITF/Free Skating/Dance

Jill Vigorito
131 Lindsey Street
Attleboro, MA 02703
(508) 222-8595
jill9459@aol.com

Warwick FS

MITF/Free Skating

Cindy Arling-Brett
128 Buttonwoods Avenue
Warwick, RI 02886
(401) 739-6844
cindybrett@verizon.net

Dance

Deb Hartman
9 Donnas Way
Coventry, RI 02816
(401) 823-7547
deb_sk8@verizon.net