

Narragansett Bay Inter-Club Council Test Application

Test Date/Location: _____ USFSA #: _____
 Name: _____ Phone: _____
 Street: _____
 City, ST Zip: _____
 E-Mail: _____
 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	\$35
	Preliminary	\$35
	Pre-Juvenile	\$45
	Juvenile	\$45
	Intermediate	\$50
	Novice	\$55
	Junior	\$55
	Senior	\$55

√	Free Skating	Fee
	Pre-Preliminary Program	\$35
	Pre-Preliminary Elements	\$35
	Preliminary	\$35
	Pre-Juvenile	\$40
	Juvenile	\$40
	Intermediate	\$45
	Novice	\$45
	Junior	\$55
	Senior	\$55

√	Pairs Free Skating	Fee per Skater
	Preliminary	\$35
	Juvenile	\$40
	Intermediate	\$45
	Novice	\$45
	Junior	\$55
	Senior	\$55

√	Dance	1st Fee	Add'l Dance	Dances to be Taken
	Preliminary	\$35	\$25	
	Pre-Bronze	\$35	\$25	
	Bronze	\$35	\$25	
	Pre-Silver	\$40	\$30	
	Silver	\$45	\$35	
	Pre-Gold	\$50	\$40	
	Gold	\$55	\$45	
	International	\$65	\$50	

√	Free Dance	Fee per Skater
	Juvenile	\$35
	Intermediate	\$40
	Novice	\$45
	Junior	\$50
	Senior	\$55

√	Adult MITF	Fee
	Pre-Bronze	\$35
	Bronze	\$40
	Silver	\$45
	Gold	\$55

√	Adult Free	Fee
	Pre-Bronze	\$35
	Bronze	\$40
	Silver	\$45
	Gold	\$55

√	Adult Pairs	Fee per Skater
	Bronze	\$40
	Silver	\$45
	Gold	\$55

Fees:

- _____ Total Test Fees
- _____ NBICC Non-member Fee: (\$20) (members of Pawtucket & Providence FSC, Warwick FS, or Smithfield FSC do not pay fee)
- \$10.00** Hospitality Fee: (\$10) for all testers
- _____ Late Fee: (\$20) – Late Fee applies if application is NOT POSTMARKED three weeks prior to the test date. Junior, Senior, Gold and International Tests – 4 weeks prior.
- _____ **Total Enclosed** (Total of 4 items 1-4)

Make Check Payable to NBICC – Returned checks are subject to a \$25 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. No applications will be accepted without test fees.
2. The completed application and test fees **must be POSTMARKED** no later than 3 weeks prior to the testdate. Junior, Senior, Gold and International Tests – 4 weeks prior.
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. Skaters **NOT** in good standing with ANY US Figure Skating club will not be eligible to test until all financial obligations have been met.

- By signing this application the skater/parent/guardian (if skater is under 18) states this application is completed and correct and agrees with the NBICC Test Rules.

Skater/Parent/Guardian Signature: _____ Date: _____

- 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.

Home Club Test Chair Signature: _____ Date: _____

☐ Check if instead of signature, Home Club Test Chair has emailed verification of good standing to Host Club Test Chair.

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

Bob LaMontagne

18 Sharon Street

Providence, RI 02908

(401) 831-5384

bob.lamontagne@gmail.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