SOUTH AFRICAN FIGURE SKATING ASSOCIATION

TESTING APPLICATION FORM

Ice Dancing Tests

CANDIDATE DETAILS:

SURNAME: _____

FIRST NAME(S): _____

SAFSA MEMBERSHIP NO.: _____

HOME ADDRESS: _____

_____ **Postal Code:** _____

TELEPHONE NUMBER: **Code:** _____ **Number:** _____

I hereby apply to be tested for (please indicate with an ***X*** in the appropriate block):

ICE DANCING

☐ Pattern Dances	☐ Star	
☐ Pewter	☐ Rhythm (Part A)	☐ Free (Part B)
☐ Bronze		☐ Bronze
☐ Inter-Silver		☐ Inter-Silver
☐ Silver		☐ Silver
☐ Inter-Gold	☐ Inter-Gold	☐ Inter-Gold
☐ Gold	☐ Gold	☐ Gold

Have you attempted this test before? ☐ **Yes** ☐ **No** Date of previous test: / /

I agree to abide by the current rules and regulations as ratified by the Council of SAFSA. I understand that failure to abide and comply with these rules and regulations may result in my test being declared null and void.

_____	_____	_____
CANDIDATES SIGNATURE (if under 18 years of age, parent or guardian to sign)	**DATE**	**COACHES NAME & SIGNATURE** (this signature is obligatory)

I enclose R_____ (Cash, EFT, direct deposit) as payment for test application and Provincial administration fees.
I understand that this test application is subject to availability at the next testing event.

Test Fee Payable: R300

For Office Use Only

ICE DANCING TEST RESULT: (please indicate with an *X*)

Pattern Dances:	☐ *Pass*	☐ *Retry*	☐ *Not attempted*
Banked Pattern Dances:	_____		
Reskate Pattern Dances:	_____		
Star – Rhythm Dance:	☐ *Pass*	☐ *Retry*	☐ *Not attempted*
Star – Free Dance:	☐ *Pass*	☐ *Retry*	☐ *Not attempted*

TEST SECRETARY SIGNATURE: _____ **DATE:** _____