

# SOUTH AFRICAN FIGURE SKATING ASSOCIATION

## TESTING APPLICATION FORM

### Skating Skills Tests

---

**CANDIDATES 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):

**SKATING SKILLS**

- |  |         |
|--|---------|
|  | Level 1 |
|  | Level 2 |
|  | Level 3 |
|  | Level 4 |
|  | Level 5 |
|  | Level 6 |
|  | Level 7 |

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 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:     R50 per *Skating Skills* test

**For Office Use Only**

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

Skating Skills:

Pass

Retry

Not attempted

TEST SECRETARY SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

# SOUTH AFRICAN FIGURE SKATING ASSOCIATION

## TESTING APPLICATION FORM

### Singles 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):

#### SINGLES

Elements in Isolation

Free Skating

Star

Part A

Part B

- Class 1
- Class 2
- Class 3
- Class 4
- Class 5
- Class 6
- Class 7

- Preliminary
- Bronze
- Intersilver
- Silver
- Intergold
- Gold

- Bronze
- Intersilver
- Silver
- Intergold
- 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 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:                      R50 per *Elements in Isolation* test  
    R50 per *Free Skating Test, Part A Star and Part B Star Test (per part)*

#### For Office Use Only

**SINGLES**  
**TEST RESULT:**  
(please indicate with an *X*)

- Elements in Isolation:  *Pass*
- Free Skating:  *Pass*
- Star – Part A:  *Pass*
- Star – Part B:  *Pass*

- Retry*
- Retry*
- Retry*
- Retry*
- Not attempted*
- Not attempted*
- Not attempted*
- Not attempted*

**TEST SECRETARY SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

# SOUTH AFRICAN FIGURE SKATING ASSOCIATION

## TESTING APPLICATION FORM

### Pairs Tests

**BOTH CANDIDATE DETAILS:**

<b>SURNAMES:</b>		
<b>FIRST NAME(S):</b>		
<b>SAFSA MEMBERSHIP NO'S:</b>		
<b>HOME ADDRESS:</b>		
		<b>Postal Code:</b>
<b>TELEPHONE NUMBER:</b>	<b>Code:</b>	<b>Number:</b>

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

PAIRS		
<input type="checkbox"/> <b>Elements in Isolation</b>  <input type="checkbox"/> <b>Class 1</b> <input type="checkbox"/> <b>Class 2</b> <input type="checkbox"/> <b>Class 3</b> <input type="checkbox"/> <b>Class 4</b> <input type="checkbox"/> <b>Class 5</b> <input type="checkbox"/> <b>Class 6</b>	<input type="checkbox"/> <b>Free Skating</b>  <input type="checkbox"/> <b>Preliminary</b> <input type="checkbox"/> <b>Bronze</b> <input type="checkbox"/> <b>Intersilver</b> <input type="checkbox"/> <b>Silver</b> <input type="checkbox"/> <b>Intergold</b> <input type="checkbox"/> <b>Gold</b>	<input type="checkbox"/> <b>Star</b>  <input type="checkbox"/> <b>Part A</b> <input type="checkbox"/> <b>Part B</b>  <input type="checkbox"/> <b>Bronze</b> <input type="checkbox"/> <b>Silver</b> <input type="checkbox"/> <b>Intergold</b> <input type="checkbox"/> <b>Gold</b>

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

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

<b>CANDIDATES SIGNATURE</b> <small>(if under 18 years of age, parent or guardian to sign)</small>	<b>DATE</b>	<b>COACHES SIGNATURE</b> <small>(this signature is obligatory)</small>
--	-------------	---

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:    R50 per *Elements in Isolation* test  
                               R50 per *Free Skating Test, Part A Star and Part B Star Test (per part)*

For Office Use Only		
<b>PAIRS</b> <b>TEST RESULT:</b> (please indicate with an X)	Elements in Isolation: <input type="checkbox"/> <i>Pass</i> Free Skating: <input type="checkbox"/> <i>Pass</i> Star – Part A: <input type="checkbox"/> <i>Pass</i> Star – Part B: <input type="checkbox"/> <i>Pass</i>	<input type="checkbox"/> <i>Retry</i> <input type="checkbox"/> <i>Not attempted</i> <input type="checkbox"/> <i>Retry</i> <input type="checkbox"/> <i>Not attempted</i> <input type="checkbox"/> <i>Retry</i> <input type="checkbox"/> <i>Not attempted</i> <input type="checkbox"/> <i>Retry</i> <input type="checkbox"/> <i>Not attempted</i>
<b>TEST SECRETARY SIGNATURE:</b> _____	<b>DATE:</b> _____	

# 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

**Compulsory Dances**

**Star**

**Compulsory**

**Original**

**Free**

**Bronze**  
 **Silver**  
 **Gold**

**Bronze**  
 **Silver**  
 **Intergold**  
 **Gold**

**Intergold**  
 **Gold**

**Bronze**  
 **Silver**  
 **Intergold**  
 **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 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:    R50 per *Compulsory Ice Dancing test*  
                               R50 per *Compulsory Dance Star, Original Dance Star and Free Dance Star test (per part)*

#### For Office Use Only

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

Compulsory Dances:     *Pass*  
 Star – Compulsories:     *Pass*  
 Star – Original Dance:     *Pass*  
 Star – Free Dance:     *Pass*

*Retry*  
 *Retry*  
 *Retry*  
 *Retry*

*Not attempted*  
 *Not attempted*  
 *Not attempted*  
 *Not attempted*

**TEST SECRETARY SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

## SOUTH AFRICAN FIGURE SKATING ASSOCIATION

### TESTING APPLICATION FORM

#### Synchronised Skating Tests

**TEAM DETAILS:**

\*TEAM NAME: \_\_\_\_\_

PROVINCE: \_\_\_\_\_

TEAM MANAGER NAME: \_\_\_\_\_

OFFICIAL ADDRESS: \_\_\_\_\_

Postal Code: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

Code: \_\_\_\_\_

Number: \_\_\_\_\_

\*List the team members taking this test on the reverse of this application form.

I hereby apply to be tested for (please indicate with an **X** in the appropriate block):**SYNCHRONISED SKATING** Part A Star Part B Silver Gold Bronze Silver Gold

Has the team attempted this test before?

 Yes No

Date of previous test: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

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:

R50 per *Elements in Isolation* testR50 per *Part A Star and Part B Star* (per part)**For Office Use Only****SYNCHRONISED SKATING****TEST RESULT:**(please indicate with an **X**)Elements in Isolation:  PassStar – Part A:  PassStar – Part B:  Pass Retry Retry Retry Not attempted Not attempted Not attempted

TEST SECRETARY SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

## SOUTH AFRICAN FIGURE SKATING ASSOCIATION

### SYNCHRONISED SKATING MEMBERSHIP SHEET FOR TESTS

Province Holding Test \_\_\_\_\_  
 Team Name \_\_\_\_\_  
 No. of skaters \_\_\_\_\_  
 Test being taken \_\_\_\_\_  
 Signature of Referee \_\_\_\_\_

Day	Month	Year		

Coach \_\_\_\_\_  
 Parts \_\_\_\_\_  
 Referee \_\_\_\_\_

RESULT OF TEST:

Part A Star:	
Part B Star:	

### SYNCHRONISED SKATING MEMBERSHIP SHEET FOR TESTS

Please note that no reserves or alternates are permitted.

No	Team Member (Name and Surname)	SAFSA No.
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

# SOUTH AFRICAN FIGURE SKATING ASSOCIATION

## APPLICATION FOR ACCREDITATION OF AN INTERPROVINCIAL CHAMPIONSHIP RESULT FOR SINGLES STAR TESTS (RULE L.1.23)

**CANDIDATE DETAILS:**

**SURNAME:** \_\_\_\_\_

**FIRST NAME(S):** \_\_\_\_\_

**SAFSA MEMBERSHIP NO:** \_\_\_\_\_ **APPLICATION DATE:** \_\_\_\_\_

**PROVINCE DETAILS:**

**PROVINCE:** \_\_\_\_\_

**TEST SECRETARY DETAILS:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**CONTACT TELEPHONE NO:** **Code:** \_\_\_\_\_ **Number:** \_\_\_\_\_

We hereby request Star Test accreditation for (please indicate with an **X** in the appropriate block):

TEST INFORMATION				SECTION	INTERPROVINCIAL	DATE	TOTAL SEG SCORE	
							SP	FSP
Bronze	<input type="checkbox"/>	Part A	<input type="checkbox"/>	Part B	JUVENILE		N/A	
Intersilver	<input type="checkbox"/>	Part A	<input type="checkbox"/>	Part B	PRE-NOVICE			
Silver	<input type="checkbox"/>	Part A	<input type="checkbox"/>	Part B	NOVICE			
Intergold	<input type="checkbox"/>	Part A	<input type="checkbox"/>	Part B	JUNIOR			
Gold	<input type="checkbox"/>	Part A	<input type="checkbox"/>	Part B	SENIOR			

Attach: (a) "Judges Details Per Skater" sheet from championship protocol with the candidates program details; and  
 (b) "Judges and Technical Panel Information" sheet from competition protocol for section concerned; and  
 (c) Copy of "Overall Segment Result" sheet containing Referee and Technical Controller signatures.

Have you attempted/requested accreditation for this test before?  Yes  No Date: \_\_\_ / \_\_\_ / \_\_\_

We, the undersigned, hereby confirm that the candidate met all the minimum requirements and regulations at the time of attaining the result to also be eligible to attempt the respective Singles Star Test.

We, the undersigned, agree to abide by the current rules and regulations as ratified by the Council of SAFSA. We understand that failure to abide and comply with these rules and regulations may result in this accreditation being declared null and void.

\_\_\_\_\_  
**CANDIDATES SIGNATURE**  
(if under 18 years of age, parent or guardian to sign)

\_\_\_\_\_  
**TEST SECRETARY SIGNATURE**  
(this signature is obligatory)

\_\_\_\_\_  
**COACHES SIGNATURE**  
(this signature is obligatory)

Enclosed find R \_\_\_\_\_ (Cash, EFT, direct deposit) as payment for this accreditation request.

Accreditation request fee payable to Province: R50 for *Part A and Part B Star Tests (per part)*

<b><u>For Office Use Only</u></b>			
<b>SINGLES STAR TEST RESULT:</b> <small>(indicate with an X)</small>	Star – Part A:	<input type="checkbox"/> <i>Pass (granted)</i>	<input type="checkbox"/> <i>Retry (denied)</i>
	Star – Part B:	<input type="checkbox"/> <i>Pass (granted)</i>	<input type="checkbox"/> <i>Retry (denied)</i>
<b>NTC CHAIRPERSON SIGNATURE:</b> _____		<b>DATE:</b> _____	