Silver Freestyle Test Form

Skater Name _____________________________ ISI # __________________

Skater Age ___________  Home Rink ____________________________

Test Date ___________  Test Location ____________________________

Judge Signature ____________________________  Prof. # __________________

<table>
<thead>
<tr>
<th>COMPULSORY MANEUVERS:</th>
<th>1st Attempt</th>
<th>2nd Attempt</th>
</tr>
</thead>
<tbody>
<tr>
<td>Choice Jump #1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Choice Jump #2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jump Combination (2 jumps)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Choice Spin #1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Choice Spin #2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Different Backward Arabesques</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dance Step Sequence</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>SOLO PROGRAM:</th>
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<tbody>
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<td>Dance Step Sequence</td>
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</tbody>
</table>

(Scoring 1-10)

<table>
<thead>
<tr>
<th>Posture</th>
<th>Content</th>
<th>Correctness</th>
<th>Pattern</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Rhythm</th>
<th>Duration</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>(2 min.)</td>
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<td></td>
</tr>
</tbody>
</table>

TEST RESULT:  PASS _______  INCOMPLETE ___________

Notes:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________