



## Pair 10 Test Form

Skater Name \_\_\_\_\_ ISI # \_\_\_\_\_

Skater Age \_\_\_\_\_ Home Rink \_\_\_\_\_

Date Tested \_\_\_\_\_ Location \_\_\_\_\_

Judge's Signature \_\_\_\_\_ Prof# \_\_\_\_\_

**Comp Maneuvers: (Scoring 1 to 10)**

**1st Attempt**

**2nd Attempt**

Table Top, Star or Lasso Lift	_____	_____
Pair Combination Lift	_____	_____
Double Axel or choice Triple Jump	_____	_____
Throw Double Axel or Triple Jump	_____	_____
Pair Combination Spin	_____	_____
Combination Spins	_____	_____
Creative Serpentine Dance Step Seq.	_____	_____

**Program (Time 4:30)**

Table Top, Star or Lasso Lift	_____	_____
Pair Combination Lift	_____	_____
Double Axel or choice Triple Jump	_____	_____
Throw Double Axel or Triple Jump	_____	_____
Pair Combination Spin	_____	_____
Combination Spins	_____	_____
Creative Serpentine Dance Step Seq.	_____	_____

Posture \_\_\_\_\_ Content \_\_\_\_\_ Correctness \_\_\_\_\_ Pattern \_\_\_\_\_

Rhythm \_\_\_\_\_ Duration \_\_\_\_\_ Interpretation \_\_\_\_\_ Unison \_\_\_\_\_

**Test Results: Pass** \_\_\_\_\_ **Incomplete** \_\_\_\_\_

**Notes** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*ISI \***