



Pair 10 Test Form

Skater Name _____ ISI # _____

Skater Age _____ Home Rink _____

Date Tested _____ Location _____

Judge's Signature _____ Prof# _____

Compulsory Maneuvers: (Scoring 1 to 10)

	1st Attempt	2nd Attempt
One Handed Lasso Lift	_____	_____
Double Axel or choice Triple Jump	_____	_____
Layback Camel Spin	_____	_____
Combination Spins	_____	_____
Throw Double Jump	_____	_____
Creative Serpentine Dance Step Seq.	_____	_____

Program (Time 4 1/2 MN)

One Handed Lasso Lift	_____
Double Axel or choice Triple Jump	_____
Layback Camel Spin	_____
Combination Spins	_____
Throw Double Jump	_____
Creative Serpentine Dance Step Seq.	_____

Posture _____ Content _____ Correctness _____ Pattern _____

Rhythm _____ Duration _____ Interpretation _____ Unison _____

Test Results: Pass _____ Incomplete _____

Notes _____

