



Pair 2 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

Back Cutbacks	_____	_____
Salchow Jumps	_____	_____
Killian Spin	_____	_____
One Foot Spin	_____	_____
Forward Undercut Spiral	_____	_____
Waltz Lift	_____	_____

Program (Time 2:00 Min)

Back Cutbacks	_____
Salchow Jumps	_____
Killian Spin	_____
One Foot Spin	_____
Forward Undercut Spiral	_____
Waltz Lift	_____

Posture _____ Content _____ Correctness _____ Pattern _____

Rhythm _____ Duration _____ Interpretation _____ Unison _____

Test Results: Pass _____ Incomplete _____

Notes _____

