



Pair 3 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
Lutz Lift	_____	_____
Toe Loop Jumps	_____	_____
Throw Waltz Jump	_____	_____
Waltz Spin	_____	_____
Change Foot Spins	_____	_____
Pivot and FI Spiral	_____	_____
Dance Step Sequence	_____	_____

Program (Time 2:00 Min)

Lutz Lift	_____
Toe Loop Jumps	_____
Throw Waltz Jump	_____
Waltz Spin	_____
Change Foot Spins	_____
Pivot and FI Spiral	_____
Dance Step Sequence	_____

Posture _____ Content _____ Correctness _____ Pattern _____

Rhythm _____ Duration _____ Interpretation _____ Unison _____

Test Results: Pass _____ Incomplete _____

Notes _____

*ISI *