



Pair 3 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

Lutz Lift	_____	_____
Toe Loop Jumps	_____	_____
Flip Jumps	_____	_____
Waltz Spin	_____	_____
Sit Spins	_____	_____
Pivot and FI Spiral	_____	_____

Program (Time 2:00 Min)

Lutz Lift	_____
Toe Loop Jumps	_____
Flip Jumps	_____
Waltz Spin	_____
Sit Spins	_____
Pivot and FI Spiral	_____

Posture _____ Content _____ Correctness _____ Pattern _____

Rhythm _____ Duration _____ Interpretation _____ Unison _____

Test Results: Pass _____ Incomplete _____

Notes _____

