



Pair 4 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 Jumps	_____	_____
One Walley Jump	_____	_____
Change Foot Pair Spin	_____	_____
Back Scratch Spins	_____	_____
Pivot and BO Spiral	_____	_____
Waist Loop Lift	_____	_____

Program (Time 2:30 Min)

Lutz Jumps	_____
One Walley Jump	_____
Change Foot Pair Spin	_____
Back Scratch Spins	_____
Pivot and BO Spiral	_____
Waist Loop Lift	_____

Posture _____ Content _____ Correctness _____ Pattern _____

Rhythm _____ Duration _____ Interpretation _____ Unison _____

Test Results: Pass _____ Incomplete _____

Notes _____

