



Pair 5 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

Single Twist Lift	_____	_____
Double Lutz Lift	_____	_____
Lutz Jumps	_____	_____
Lung or Catch Waist Camel Spin	_____	_____
Camel Spins	_____	_____

FI Death Spiral	_____	_____
Dance Step Sequence	_____	_____

Program (Time 3 Min)

Single Twist Lift	_____	_____
Double Lutz Lift	_____	_____
Lutz Jumps	_____	_____
Lung or Catch Waist Camel Spin	_____	_____
Camel Spins	_____	_____

FI Death Spiral	_____	_____
Dance Step Sequence	_____	_____

Posture _____ Content _____ Correctness _____ Pattern _____

Rhythm _____ Duration _____ Interpretation _____ Unison _____

Test Results: Pass _____ Incomplete _____

Notes _____

***ISI ***