



Pair 6 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

Axel Lift _____

Axel Jumps _____

Throw Single Loop _____

Camel-Sit-Upright Spins _____

Pair Camel Spin _____

FI Death Spiral _____

Dance Step Sequence _____

Program (Time 3:00)

Axel Lift _____

Axel Jumps _____

Throw Single Loop _____

Camel-Sit-Upright Spins _____

Pair Camel Spin _____

FI Death Spiral _____

Dance Step Sequence _____

Posture _____ Content _____ Correctness _____ Pattern _____

Rhythm _____ Duration _____ Interpretation _____ Unison _____

Test Results: Pass _____ Incomplete _____

Notes _____

***ISI ***