



Pair 6 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

Single Twist Lift	_____	_____
Double Sal or Double Toe Jumps	_____	_____
Pair Camel Spin	_____	_____
Flying Camel Spins	_____	_____
Throw Single Salchow	_____	_____
Dance Step Sequence	_____	_____

Program (Time 3 MN)

Single Twist Lift	_____
Double Sal or Double Toe Jumps	_____
Pair Camel Spin	_____
Flying Camels Spins	_____
Throw Single Salchow	_____
Dance Step Sequence	_____

Posture _____ Content _____ Correctness _____ Pattern _____

Rhythm _____ Duration _____ Interpretation _____ Unison _____

Test Results: Pass _____ Incomplete _____

Notes _____

