



Pair 7 Test Sheet

Skater Name _____ ISI # _____

Skater Age _____ Home Rink _____

Date Tested _____ Location _____

Judge's Signature _____ ISI # _____

Comp Maneuvers: (Scoring 1 to 10)

1st Attempt

2nd Attempt

Double Axel Lift	_____	_____
Double Salchow or Toe Loop Jumps	_____	_____
Throw Axel	_____	_____
Open or Foxtrot Camel Spin	_____	_____
Flying Camel Spins	_____	_____
Backward Outside Death Spiral	_____	_____
Dance Step Sequence	_____	_____

Program (Time 4:00)

Double Axel Lift	_____	_____
Double Salchow or Toe Loop Jumps	_____	_____
Throw Axel	_____	_____
Open or Foxtrot Camel Spin	_____	_____
Flying Camel Spins	_____	_____
Backward Outside Death Spiral	_____	_____
Dance Step Sequence	_____	_____

Posture _____ Content _____ Correctness _____ Pattern _____

Rhythm _____ Duration _____ Interpretation _____ Unison _____

Test Results: Pass _____ **Incomplete** _____

Notes _____

***ISI ***