



Pair 7 Test Sheet

Skater Name _____ ISI # _____

Skater Age _____ Home Rink _____

Date Tested _____ Location _____

Judge's Signature _____ Assoc. # _____

Compulsory Maneuvers: (Scoring 1 to 10)

	1st Attempt	2nd Attempt
Throw Axel	_____	_____
Double Loop Jumps	_____	_____
Open Or Foxtrot Camel Spin	_____	_____
Axel Lift	_____	_____
Backward Outside Death Spiral	_____	_____
Dance Step Sequence	_____	_____

Program (Time 4 Min)

Throw Axel	_____
Double Loop Jumps	_____
Open Or Foxtrot Camel Spin	_____
Axel Lift	_____
Backward Outside Death Spiral	_____
Dance Step Sequence	_____

Posture _____ Content _____ Correctness _____ Pattern _____

Rhythm _____ Duration _____ Interpretation _____ Unison _____

Test Results: Pass _____ Incomplete _____

Notes _____

