



## Pair 8 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**

Waist Loop Lift	_____	_____
Double Flip or Loop Jumps	_____	_____
Throw Double Edge Jump	_____	_____
Pair Sit Spin	_____	_____
Flying Camel Combo Spins	_____	_____
Backward Inside Death Spiral	_____	_____
Dance Step Sequence	_____	_____

**Program (Time 4:30)**

Waist Loop Lift	_____	_____
Double Flip or Loop Jumps	_____	_____
Throw Double Edge Jump	_____	_____
Pair Sit Spin	_____	_____
Flying Camel Combo Spins	_____	_____
Backward Inside Death Spiral	_____	_____
Dance Step Sequence	_____	_____

Posture \_\_\_\_\_ Content \_\_\_\_\_ Correctness \_\_\_\_\_ Pattern \_\_\_\_\_

Rhythm \_\_\_\_\_ Duration \_\_\_\_\_ Interpretation \_\_\_\_\_ Unison \_\_\_\_\_

**Test Results:** Pass \_\_\_\_\_ Incomplete \_\_\_\_\_

Notes \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*ISI \***