



# Pair 8 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
One Arm Hip Axel (Star Lift)	_____	_____
Double Flip Jumps	_____	_____
Pair Sit Spin	_____	_____
Sit Change Spins	_____	_____
Backward Inside Death Spiral	_____	_____
Dance Step Sequence	_____	_____

### Program (Time 4 1/2 MN)

One Arm Hip Axel (Star Lift)	_____
Double Flip Jumps	_____
Pair Sit Spin	_____
Sit Change Spins	_____
Backward Inside Death Spiral	_____
Dance Step Sequence	_____

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

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

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

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